

STATE HOUSE, BOSTON

THE COMMONWEALTH OF MASSACHUSETTS

MASS OFFICIALS

ANNUAL REPORT

Of the

TRUSTEES

Of the

Mass.: B O S T O N S T A T E H O S P I T A L (Insane)

for the

YEAR ENDING JUNE 30, 1959

The Hundredth and Nineteenth Annual Report

of the

Hospital

Founded in 1839 by the City of
Boston

(Imprint)

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HOSPITAL POLICY

The Boston State Hospital has as its objectives:

1. The increase in the number of patients discharged to the community, as recovered from mental illness.
2. The reduction of the time spent by each patient in the hospital.
3. The reduction of the incidence of relapse and consequent readmissions.
4. The improvement in comfort and sense of well being of those who must remain in the hospital.
5. The more complete rehabilitation of patients who have had a mental illness so that they may find a secure place in the community.
6. The decrease in the incidence of mental illness in the community, if possible.
7. The creation of a place where all professions interested in mental and emotional problems of people may study human behavior and contribute to the alleviation of human suffering.
8. The discharge of its mission in the most efficient and economical way with an ever present awareness of obligation and service to the people of this Commonwealth.

BOSTON STATE HOSPITAL

(Post Office Address, Boston 24, Mass.)

BOARD OF TRUSTEES

Mr. Myer Israel	Chairman
Mrs. Bessie D. Kaufman	Secretary
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Mrs. Elaine Dobrowski	
Mr. Wilfred Scott	
Mr. Harry Schlesinger	
Martin H. Spellman, M. D.	

OFFICERS OF THE HOSPITAL

Walter E. Barton, M. D.	Superintendent and Medical Director
John M. Mackenzie, M. D.	Assistant Superintendent and Assistant Medical Director
James Mann, M. D.	Director of Psychiatry
Miss Lillian R. Goodman, R.N., B.S., M.S.	Director of Nurses
Mr. Avery W. Cook	Steward and Director of Business Administration

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Richard Bragdon, M. D.	
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Walter E. Barton, M. D., Ex-officio	
Douglas Stratton, M. D., Non-rotating	

HEADS OF HOSPITAL DEPARTMENTS

Mr. Francis Ryan	Assistant State Hospital Steward
Mrs. Mabel F. McKenzie, R. N.	Assistant Director of Nurses
Miss Mary A. Dunleavy, B.S., R.N.	Assistant Director of Nurses
Mrs. June Johnson, M. S., R. N.	Assistant Director of Nurses
Mr. Samuel J. Carchidi	Institution Treasurer
Miss Dorothea Preston	Assistant Institution Treasurer
Miss Elizabeth Eckhoff	Head Psychiatric Social Worker
Miss Marjorie Canada, O.T.R.	Head Occupational Therapist
Mrs. Viola M. Union	Principal Clerk and Secretary to Department Head
Mr. Michael J. Waldron	Institution Chief Power Plant Engineer
Mr. David W. Barrett	Institution Maintenance Fore- man
Mr. Bernard Leonard	Storekeeper
Mr. John Moylen	Head Industrial Therapist
Mr. Joseph N. Contaldo	Head Laundryman
Mrs. Helen Logue	Head Housekeeper
Mr. Richard Fournier	Garage Foreman, Working
Mrs. Genevieve Stella	Charge of Sewing Room
Miss Mary E. Forbes	Dietitian
Mrs. Elizabeth Williams	Assistant Dietitian
Mrs. Irene Shiver	Assistant Dietitian

NURSING ADVISORY COMMITTEE

Miss Lillian Goodman, R.N., B.S.,
M.S. Ex-officio

Miss Anna Morang, R. N.
Mrs. June Johnson, R. N., M. S.
Rev. John F. Lawler
Miss Lilyan Weymouth, R. N.
Mr. Francis Ryan
Peter Di Natale, M. D. Ex-officio
John H. Porter III, M. D.
Mrs. John Mackenzie
Walter E. Barton, M. D. Ex-officio
Sister William Ann, O.S.F.
Miss Margaret Tibbetts, R. N.

HOSPITAL CHAPLAINS

Rev. John F. Lawler
Rev. Thomas J. McCabe
Rev. Judson D. Howard
Rabbi Abraham Koolyk

RESIDENT STAFF

Reception Service

Melvin Kayce, M. D.

Senior Psychiatrist in
charge - Female Wards

Edwin Davidson, M. D.

Senior Psychiatrist in
charge - Male Wards

West Men's Service

James B. Kludt, M. D.

Senior Psychiatrist

West Women's Service

William T. St. John, M. D.

Senior Physician

East Women's Service

Roger J. M. Boutin, M. D.

Senior Psychiatrist

Medical Service

Douglas Stratton, M. D.

Senior Physician and
Chief of Service

Alfred Basamania, M. D.

Principal Physician

Hospital Pathologist

Naomi Raskin, M. D.

Principal Physician

After Care Program

Davide Limentani, M. D.

Senior Psychiatrist

Assistant Physicians

Sing Tsong Yuen, M. D.

Nezih H. Sevunduk, M. D.

William P. Parker, M. D.

Guy daSilva, M. D.

Morton B. Newman, M. D.

Alan D. Rothstein, M. D.

Robert B. Spitzer, M. D.

Leo G. Belisle, M. D.

Sabin Levenson, M. D.

Staff Psychiatrists

Alvin Becker, M. D.

Robert L. Kelley, M. D.

Jean Andre St. Jean, M. D.

Psychiatric Residents

Gerald L. Brody, M. D.
Albert O. Kohlmeyer, M. D.
Bennet F. Markel, M. D.
Bernard Snow, M. D.
Courtney Clower, M. D.
Richard H. Wolff, M. D.
Arnold Robbins, M. D.
Frank Parodi, M. D.
Lieselette Suskind, M. D.
Armand Nicholi, M. D.
Vincent Lambert, M. D.
Thomas J. O'Connor, M. D.

Briggs Clinic

Max Day, M. D.
Alan Prager, M. D.
Alfred Lowe, Ph.D.
Mr. Richard Lentschner

Director
Assistant Physician
Principal Psychologist
Social Worker

Dental Department

Joseph P. Fleming, D.M.D.
Philip Chartier, D.M.D.
Mrs. Laura Weinrebe

Dentist
Dentist
Dental Hygienist

VISITING STAFF

Surgical Division

Chief Surgeon
Visiting Surgeon, Senior
Visiting Surgeons

A. J. A. Campbell, M. D.
Charles G. Shedd, M. D.
J. Edward Flynn, M. D.
Albert S. Murphy, M. D.
Karl D. Kasparian, M. D.
Eugene Guralnick, M. D.

Assistants to the Visiting Surgeon

Harold I. Miller, M. D.
Stanley Mikal, M. D.

Visiting Surgeon, Senior, Bone and
Joint Diseases and Orthopedic
Disorders
Visiting Surgeon, Orthopedic
Assistant in Orthopedic Surgery
Assistant in Orthopedic Surgery
Visiting Surgeon, Senior, Thoracic
Visiting Surgeon, Thoracic
Visiting Surgeon, Thoracic
Visiting Surgeon, Senior, Neuro-
surgery
Visiting Surgeon, Neurosurgery
Visiting Surgeon - Plastic Surgery
Visiting Surgeon, Senior, G.U. (LOA)
Visiting Surgeon, Senior, G.U.
(Acting)
Assistant in Urology
Visiting Surgeon, Senior, Ophthal-
mology
Visiting Surgeon, Ophthalmology
Visiting Surgeon, Ophthalmology
Visiting Surgeon, Otolaryngology
Visiting Surgeon, Otolaryngology

Charles Bradford, M. D.
Richard A. Bragdon, M. D.
John T. Grady, M. D.
Robert J. Dignam, M. D.
Joseph P. Lynch, M. D.
John W. Strieder, M. D.
Irving M. Madoff, M. D.

Milton F. Brougham, M. D.
Albert M. Starr, M. D.
Malvin F. White, M. D.
Max L. Brodny, M. D.

Joseph Fischmann, M. D.
Hyman Hershman, M. D.

Garrett Sullivan, M. D.
Francis J. West, M. D.
D. Robert Alpert, M. D.
Sidney Wilker, M. D.
Charles Kent, M. D.

Medical Division

Chief of Medicine
Visiting Physician, Dermatology
Visiting Physician, Senior,
Endocrinology
Senior Visiting Physician,
Medicine and Hematology
Senior Visiting Physician,
Hematology
Visiting Physicians, Medicine

Samuel Stearns, M. D.
Philip McCarthy, M. D.
Samuel L. Gargill, M. D.

William Dameshek, M. D.

William C. Moloney, M. D.
Stephen Mathewson, M. D.
Bernard Maney, M. D.
Melvin Klayman, M. D.
John C. Dalton, M. D.
Benjamin Selling, M. D.

Visiting Physician, Radiology
Visiting Physician, Tuberculosis
Visiting Physician, Physical
Medicine
Visiting Physician
Visiting Physician, Psychosomatic
Medicine

Robert D. Hermanson, M. D.
Joseph D. Wassersug, M. D.

Louis Feldman, M. D.
David Oppenheim, M. D.

Thomas A. Morris, M. D.

Psychiatric Division

Chief Psychiatrist and Chief of
Professional Services

James Mann, M. D.

Visiting Psychiatrists

Veronica Tisza, M. D.
Robert T. Long, M. D.
Jacob Swartz, M. D.
Stewart Smith, M. D.
Erwin H. Schell, M. D.
Joan J. Zilbach, M. D.
Malkah Tolpin, M. D.
Donald T. Devine, M. D.
William L. McCarthy, M. D.
Harold Wilson, M. D.

Dental

Visiting Oral Surgeon
Visiting Oral Surgeon

Daniel J. Holland, D.M.D.
Edward L. Sleeper, D.M.D.

Visiting Anesthetists

Murray Winston, M. D.
Frances E. Evans, M. D.
Irving E. Gilbert, M. D.
Dante Adelizzi, M. D.

Assistants in Anesthesia

Samuel White, M. D.
Joseph Goldman, M. D.
Harvey C. Leckhart, M. D.

Visiting Podiatrist

Charles E. Thorner

Consultants in Medicine

Hyman Morrison, M. D.
Elsie W. Brown, M. D.
Leo Hess, M. D.

Consultant in Medicine and Allergy

Francis M. Rackemann, M.D.

Consultants in Psychiatry

A. Warren Stearns, M. D.
Newman Cohen, M. D.

Consultant in Oral surgery

Richard Norton, D.M.D.

Consultant in Dermatology

Francis McCarthy, M. D.

Research Staff

James Mann, M. D.

Director

Leo Alexander, M. D.

Director, Neurobiological
Unit and Multiple
Sclerosis Unit

John H. Porter, III, M. D.

Senior Research Psychiatrist

John Arsenian, Ph. D.

Director of Psychological
Research

Miss Madeline Smith

Electroencephalographic
Technician

Elvin V. Semrad, M. D.

Consultant in Clinical
Research

William B. Castle, M. D.

Consultant in Research

Roy G. Hoskins, M. D.

Consultant in Research

Research in Rehabilitation

Ralph R. Notman, M. D., Director

Consultant in Research

Research in Home Care

Tobias Friedman, M. D., Director

Research Associate

Research in Geriatrics

David Blau, M. D.

Research Associate

TO HIS EXCELLENCY THE GOVERNOR AND THE HONORABLE MEMBERS OF THE COUNCIL:

One of the major interests of the Board of Trustees during the current year was to improve the physical appearance of building entrances and of the grounds. Patients and visitors alike gain important impressions about the hospital from its physical appearance. The Boston State Hospital League was helpful in achieving these objectives also. Funds have been appropriated to secure a professional interior decorator to advise on furnishings for a few ward day halls and visiting areas. The League also has employed a professional landscape gardener to construct a picnic area on the Walk Hill Street side of the campus to serve as a demonstration of grounds improvement. Both the Housekeeping Department and the Garage and Grounds Department have made significant advances in the year in their areas of responsibility.

The Board of Trustees and the Medical Executive Committee resolved differences of opinion in two matters through a Joint Conference Committee during the year. It was finally agreed that members of the Visiting Staff would be retired at age 65, and that the hospital would employ a full time anesthetist.

Support for the Trustees' program to develop community resources for patient care was obtained from two volunteer groups. The League has accepted for its future planning the development of

a Half Way House to assist patients with chronic illnesses to make the transition between hospital and community. The Massachusetts Association for Mental Health and the Committee for Rehabilitation of Boston have been exploring the founding of a Patients' Social Center on the Fountain House model.

The Catholic Chapel provided by the Boston Archdiocese was dedicated on November 22nd.

The hospital was pleased to introduce a new program of residency training providing grants for general practitioners to make it possible for them to secure training in psychiatry.

Dr. John M. Mackenzie returned to the hospital after a year's leave of absence during which he served on the medical faculty of the University of Aberdeen, Scotland.

Dr. Walter E. Barton spent six weeks studying psychiatric hospitals and clinics in five European countries in company with three other Department of Mental Health employees.

Mrs. Elaine Dobrowski was reappointed to the Board of Trustees in February, 1959.

Will the citizens of Boston be satisfied with inferior psychiatric treatment?

We believe they will not. The public has been made aware of the fact that early treatment of mental illness results in higher recovery rates, and in shorter periods of hospitalization. Modern psychiatric treatment has also made it possible to

rehabilitate some of the chronic mental illnesses so that the total bed occupancy can be decreased. We believe the public will demand the best possible care and treatment for their relatives.

What are the facts?

1. 60 to 80% of acute mental illnesses can result in recovery or remission and enable patients to return home promptly.
2. Length of hospital stay has been shortening. Instead of 120 days in hospital, most patients leave in 40 to 60 days after admission.
3. The bed occupancy of Boston State Hospital formerly showed an annual increase of 80 patients each year; it has been showing a decrease of about 40 patients annually in recent years.

What Facts Point to New Demands for Service?

1. 1959 - 1900 admissions. 1954 - 1600. An increase of 300.
2. 1959 - 2846 patients in residence. 1958 - 2815. An increase of 31.

As admissions increased, without more personnel to handle the additional load, rehabilitation efforts with the chronic patients suffered. As a consequence, once again there was an increase of 30 patients in residence at the end of the year.

3. The number of helpless old people being admitted and in residence is increasing. Last year 573 of the 1900 ad-

missions were in this category. Seniles require more nursing care.

4. After care of patients is essential, to their continued adjustment in the community. Early release of patients is possible when there is supportive treatment. This includes both individual and group psychotherapy as well as chemotherapy. Without such supportive treatment, relapse is common. 36% of admissions in 1959 were readmissions as compared with 30% in 1958. Unless more personnel is added to give this service, treatment gains cannot be maintained.
5. Boston residents are unhappy with the rule that sends patients to Grafton State Hospital who have not lived continuously in Boston for 12 years. Any change in admission policy to meet the pressure to keep patients in Boston State Hospital will require additional personnel to care for this group.
6. Research points hopefully to the fact that nearly 40% of admissions to the hospital could be avoided if resources for community treatment were developed. More personnel would be initially needed to provide these resources.
7. Massachusetts mental hospitals do not have enough personnel to meet the minimum standards for staffing its

hospitals properly. A survey made a few years ago by the Central Inspection Board of the American Psychiatric Association forcibly directed attention to the need to provide more personnel to meet proper standards.

8. Modern psychiatric care requires professional services. Thousands of new drugs must be administered with a great expenditure of nursing time in giving drugs, observing patients for toxic effects and with a need also for more laboratory procedures to safeguard patients. This requires more personnel.

What is Needed to Give Good Treatment?

We cannot meet today's new problems with last year's inadequate resources without neglecting many patients who could be helped. More personnel must be provided, as requested in the budget, to:

1. Give care to more patients being admitted.
2. Give care to chronic patients - Rehabilitation Service must be extended to continue efforts to decrease the number of patients in residence and keep the total bed occupancy decreasing.
3. Give care to failing old folks.
4. Give after care to prevent relapse.
5. Admit all Boston residents for treatment in Boston, at least during period of acute treatment.

6. Establish pre hospital treatment resources. Home Treatment - admission screening - day center are essential services to this end.
7. Meet minimum staffing standards.
8. Provide adequate professional staff to give modern treatment safely.

This adds up to an urgent need to provide more personnel if inferior care and even neglect of some patients is to be avoided.

New Equipment is Urgently Needed

Requests for new equipment each year total over \$300,000. This is not surprising in an institution with over 2,800 patients and 1,000 employees. The hospital is permitted to request only \$50,000 worth of equipment - all of it urgent. Often appropriated sums are a fraction of the submitted amount. This hurts operation. An expanded equipment budget is needed.

More Money is Needed for Major Repairs

In our opinion, not enough money is being appropriated for major repair projects. The hospital is allowed to submit a request for \$40,000 but only a quarter or a third of the amount is usually allowed.

We have been tremendously concerned because the grounds of the hospital are dark. Employee morale is endangered. A

brutal murder occurred on the grounds and patients have been beaten by hoodlums, returning from visit late at night. The Trustees have felt this a most important item.

We have similar strong feelings with regard to essential repairs to the B Building roof, to screens to keep out insects, and to window repairs requested but not allowed.

We believe items such as these to be too important to be ignored.

Adherence to a Capital Improvements Program is Essential

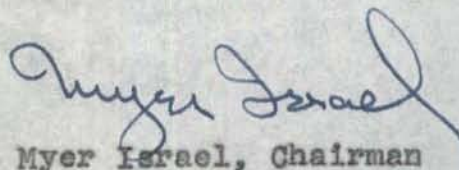
Careful planning by the hospital, the Department of Mental Health, the Division of Building Construction, and the Ways and Means Committee leads to the development of a Capital Improvements Program projected for five years for State mental hospitals. This plan, so necessary for efficient operation, seems to be postponed from year to year. There is real need to adhere to a regular program in order that major problems of institutional operation will be solved.

In our opinion, facilities for expansion of the program for early treatment is of major importance. The development of an Out-Patient Building, and a new Boston State - Boston University Community Treatment Center for the mentally ill has top priority.

The hospital also urgently needs replacement of obsolete plumbing, heating, and wiring in certain of its old buildings. There is need for a new Service Building and Occupational Therapy facilities.

A giant step in improvement of mental hospitals is long overdue. Mental hospitals can be expected to return something from the investment. Citizens may be kept in the community and hospitalization prevented. Other patients may be placed back in circulation as tax payers.

The Trustees of the Boston State Hospital wish to thank the Department of Mental Health particularly for its cooperation in program development during the year.


Mr. Myer Israel, Chairman

Respectfully submitted,

Mrs. Bessie D. Kaufman, Secretary

Martin H. Spellman, M. D.

Mrs. Elaine Dobrowski

Mr. Harry Schlesinger

Peter DiNatale, M. D.

Mr. Wilfred Scott

THE SUPERINTENDENT'S REPORT

The Joint Commission on Accreditation of Hospitals has fully accredited the Boston State Hospital as a result of an inspection made November 18th, 1958. We are proud to be among a very select group of public mental hospitals enjoying this honor. The hospital is also fully accredited for three years of psychiatric training by the Council on Medical Education of the American Medical Association and the American Board of Psychiatry and Neurology.

The hospital seeks support for its expanding program. Revolutionary changes in psychiatric practice are at hand and the state hospital must meet the challenges or become as obsolete and as ineffectual as some leaders in psychiatry have been predicting they would become. Important voices in psychiatry have stated that the State mental hospital is no longer the primary agency in psychiatric treatment. It is our opinion that marked changes are necessary in practice if the State hospital is to meet community needs.

Some of the evidences of change are the following. Admission to the public mental hospital are steadily increasing. This report will show a significant increase in the past few years. Alternate strategies may be found for dealing with rising admissions to the hospital. Research still under way has demonstrated how home treatment can reduce admissions to the hospital by bringing therapy earlier to the patients who can't or won't come for help. Screening of patients in the admitting room can

also possibly reduce the need for in-patient care by another 10%. This requires that emergency service be available to the patient still living in the community. New resources must be developed along with a day hospital. There is also a faster turnover of patients admitted to the hospital. Stay time is markedly shortened. However, the pressures upon certain hospital departments such as the Medical Record, Social Service, Medical, Nursing, are greatly increased when patients are treated intensively in the same manner as in a general hospital. The increased tempo of treatment also requires trained supporting staff as the demands for medical services and laboratory diagnostic services and medical treatments are greatly increased. Early release of patients with major mental illness is possible when there is an organization for supportive after care of those who leave. The patients released may still require a full day's treatment in the Day Hospital, or need individual or group therapy once or twice a week, or patients may continue to require medications indefinitely. The use of tranquilizer drugs has increased at a startling rate. Last year, for example, 628 prescriptions were filled for out patients living at home. This year in 6 months, 10,000 prescriptions were filled. Some chronic patients can also recover from mental illness with intensive effort. Additional personnel and facilities for new programs in rehabilitation are important to achieve this result. The object of such programs is to keep the hospital census of occupied beds falling. Psychologists, social workers, and occupational therapists are the key individuals in such a rehabilitation effort with

the chronic mental patient.

The hospital, too, has learned that increasing the respect for individual patients, paying attention to their appearance, helping them gain self confidence are some of the ways to motivate them toward recovery. Comfortable, attractive, surroundings, with living space under their control, is also an essential to provide motivation. Pay for patients who work in hospital industry and at special tasks also increases their self confidence and self esteem. The Open Door Policy does more in changing attitudes of staff toward patients than any other single act and is proceeding rapidly. However, patients cannot step out of a closed ward in to the open air without some kind of organization to involve them in a continuing treatment process.

The extensive use of drugs is the modern treatment of psychiatric patients creates a special problem. The great numbers of drugs given to so many patients, requires nurses who are trained in drug administration and in the recognition of toxic effects. Such trained nurses have not been available to mental hospitals in the past. Laboratory resources for safety checks of patients on drug therapy also have been inadequate.

Another aspect of pressure upon the hospital to expand its program concerns the aged patient. The number of dependent aged persons steadily increases. Old people have greater requirements for nursing and medical care than do other mental patients. An additional infirmary ward will be required at this hospital, at once, to serve as a transition between the medical and surgical

service and the full ambulation required in our Geriatric Buildings. The Nutritional Department has added responsibilities because these patients require attention to diet, many do not have teeth, and may require tray service or spoon feeding on the ward. The problem of transporting feeble patients from a diagnostic clinic or a treatment area to another is a very real one.

Because support for the expanding program described above is so essential, and because it is a costly process, perhaps it would be well to consider priorities of need that we would urge. In first priority is the development of a new community facility for total treatment of psychiatric disorders to be a joint operation between the Boston State Hospital and the Boston University Medical School; this facility to have resources for a Day Hospital, adult and child clinics for out-patient psychiatric treatment, an emergency service, home care services and a small number of in-patient beds with an approximate projected work load of 1,000 admissions per year. In equal priority, we would place the development of an Out-Patient facility building for supportive facilities on the grounds of the Boston State Hospital, so that the patients from the Dorchester area may be similarly served.

Personnel is needed to establish the Home Care Service that has proven itself effective while operating as a research project financed by Federal funds.

Also needed is staff for an admission screening unit for the

handling of patients referred for intensive treatment to the hospital who can still be treated at home and avoid being admitted. Rehabilitation personnel is also essential for the development of treatment programs for the chronic patients and after care services, to support those who leave the hospital, to avoid relapse and return.

Problems

Not only is there a need for additional personnel and additional facilities to meet new challenges for service, but adjustment and solution of certain problems pressing on the institution. Professional workers are in extremely short supply. Salaries require adjustment to secure qualified people and hold them. Most critical has been the shortage of professional nurses, badly needed to support modern psychiatric treatment. The State hospitals have been paying approximately \$13.00 per week less in the Boston area for a Head Nurse than the general hospitals are paying. It is shocking to learn that we are operating a 300 bed medical and surgical facility with but 6 professional nurses giving care to so many patients. Nurses are absolutely essential to the conduct of modern treatment. We must pay a competitive salary to attract and hold them. Similar comments might be made about social workers, psychologists, occupational therapists, and even doctors. Senior medical staff members usually leave the hospital at the end of their three years of psychiatric training because the rewards for private practice far exceed the salaries paid even top executives in the mental hospital. As a consequence of this, many of our State hospitals are staffed with foreign medical

graduates because they are the only ones that could be attracted by the low salary offered. There is a marked need to restore the prestige of the institutional service as a career for the best psychiatrists.

Administrative organizational changes are also necessary to meet new problems. We have placed at the head of the list of these the needs a Director of Personnel. We conceive of this individual as one professionally trained to recruit the best available personnel, train them for their jobs, promote practices that will keep employees satisfied in their work, make recommendations for improvement of working conditions, promote training for leadership positions, assist in the orderly process of evaluation of employee work. Responsibilities as outlined, involve policy making and administrative skills far beyond the capacity of the clerical person presently available to do the job. A Director of Personnel, professionally trained, will be able to counsel employees, handle grievances, conduct and arrange in service training courses, consolidate in a single department the problems of employment, of Civil Service, Industrial Accident, and Sick Leave, develop a program of employee recreation, concern itself with employee morale and conduct studies into the cause of absenteeism, and improve the communication with middle management groups and section chiefs that are so often the cause of policy difficulties.

We have also recommended the creation of a new post of Registrar because of the continuing development of patient financial problems that require new methods of solution. It is proper to charge

patients who can pay for night hospital care and for day hospital services, to secure for patients protection under Social Security laws for disability, file income tax reports on earnings, handle Insurance Plans, collect from Pension Plans and Insurance Plans, for medical and surgical benefits. Some of the functions of a Registrar are presently divided between the Treasurer's Office, Medical Record Office, Social Service, and the Assistant Superintendent. However, no one really protects the patient's financial interests and keeps track of the complex system of financial benefits he might make full use of. We believe that a Registrar would increase the income for the State as well as greatly improve the comfort of the individual patient.

We also have placed an urgent request for the position of Director of Research at Boston State Hospital. This is the largest mental hospital in Massachusetts with many special problems. We have many research projects from funds from sources other than the State. The Superintendent is far too busy to give the amount of time the administration such an important area requires, nor can he alone prepare the many protocols for planned research projects under development. It is important that projects move smoothly from one area of investigation to the next one needing study in order to retain the highly trained and highly skilled individuals who do the research work. With a Director of Research available, money from many sources can be wisely spent to find answers to many problems in psychiatry that are pressing for solution.

New ways must be found to meet other problems. Attendant nurses

are not capable of developing the group interaction and motivation essential to apply psychiatric treatment. Intensive training is necessary if attendants are to achieve a useful role in the changing scene for psychiatric therapy. There is the hope that the number of psychologists may be increased to serve as ward leaders to develop group interaction and greater involvement of patients in motivating activities of all kinds. We are hopeful, too, to establish the post of Rehabilitation Coordinator so that the work of the psychologists serving as ward leaders, may promote interest in patient rehabilitation. Only this way, we believe, will all existing facilities be used to their maximum potential, both in the hospital and in the community.

We also feel that the scarcity of occupational therapists and social workers can be offset in part by the creation of a new post of Supervisor in order that the work of students and aides, who lack training, can be more efficiently used.

Shifts in the hospital's staffing pattern are necessary to meet the changing needs. The Medical Service, as it steps up its tempo of medical treatments, requires additional nurses. The Geriatric Service, as patients become more feeble and require increasing dependent care, need many more nurses. On the other hand, tuberculosis is decreasing in mental hospitals. All female patients at Boston State Hospital were sent this year to the Westborough State Hospital and the number of new patients discovered with tuberculosis has steadily declined. Perhaps in the near future all patients at Boston State Hospital with tuberculosis can be cared for at Westborough.

Still other changes are under way to increase efficiency. The Administration Building has become over crowded and there is a serious shortage of office space. Remodelling to use corridor space has improved the efficiency of the administrative and executive branches. We still lack the resources to combine the Treasurer's and the Steward's office activities, which we feel would greatly speed work and eliminate over-lapping functions.

Surgical care has been improved by the appointment of a full time anaesthetist and the expansion of the visiting medical staff by five members. A hospital wide tuberculosis prevention and research program under the United States Department of Public Health has been instituted during the year. Improvements in the psychiatric services to patients have also been made in 1959. A Geriatric Admission Ward has been established on D-9. A research project, financed by the United States Public Health Service, National Institute of Mental Health, in the amount of approximately \$100,000 will enable us to undertake training of aides in social group techniques in a Model Ward situation. During the year we were able to conclude a four year effort to organize the Dorchester community to support a Child Guidance Clinic badly needed in this area. It was not able to start operation on July 1, 1959 as planned, because the State's Division of Mental Hygiene was without funds to employ the professional staff essential to its operation.

Plant improvements were made in the opening of the new Catholic Chapel on November 22nd. The East Cafeteria was renovated and

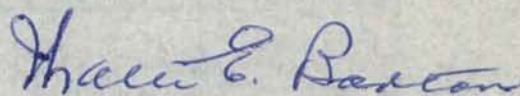
opened for patient use in March. A new garage has been constructed in the East side and will soon be ready for use. One half of the badly needed plumbing in B Building was done during the year. Renovations of the Power House of most extensive degree are under way and about one third finished.

We have been struck with the very considerable amount of lost motion that takes place in the budgeting process. The hospital, The Department of Mental Health, the Budget Commissioner, the Governor, the Ways and Means Committee, and the Legislature, all struggle together to determine how much money can be safely expended for the State hospitals. There is always marked discrepancy between the hospital's hope and the Legislature's reality of available funds. Once the final appropriation, however, is agreed to, management of the lump sum to meet emergencies can be more efficient at the grass roots level than when funds are remotely controlled - at least it would appear to be true in the Department of Mental Health. Freedom to transfer within accounts would greatly increase the efficiency, improve services to patients, and eliminate a major cause for dissatisfaction at the local level.

What successes the hospital has been able to achieve during the year have been in large measure due to the dynamic, imaginative leadership within the Department of Mental Health. Their support and their assistance has been greatly appreciated. The success of the hospital's program has also been due to the loyalty and service of the key leaders of the various hospital departments. The translation of policies into action has been

done with the cooperation of the hospital staff and the individual employees. We are grateful to them for their continuing assistance. We would hope for support of the Governor and of the Legislature for the public mental hospitals' new programs that must be developed if the best possible service to the mentally ill of the Commonwealth is to be given. Without that support there is grave doubt of the wisdom of continuing public mental hospitals in their present model.

Respectfully submitted,

A handwritten signature in blue ink, reading "Walter E. Barton". The signature is written in a cursive style with a large initial "W".

Walter E. Barton, M. D.
Superintendent

MOVEMENT OF POPULATION

STATISTICAL DEPARTMENT

June 30, 1959

The resident census of the hospital on June 30, 1959 was as follows; 1182 men, 1664 women, a total of 2846, as compared with 1184 men, and 1631 women a year ago.

There were admitted during the year 969 men and 931 women; a total of 1900 new patients. There were discharged outright 525 men and 373 women; a total of 898. There were 17 men and 33 women transferred to other institutions. 1719 patients were placed on visit in the community during the year. There were 342 deaths during the year, 162 men and 180 women.

There were remaining on the books of the hospital on June 30th, 1959, 3180 patients of which number 2846 were in residence and 334 patients were on visit or otherwise absent.

COMPARATIVE TABLE AT 5 YEAR INTERVALS

<u>YEAR</u>	<u>PTS. ON BOOKS</u>	<u>Male-Fem.</u>	<u>PTS. IN HOSP.</u>	<u>Male-Fem.</u>	<u>ADMISSIONS</u>	<u>Male-Fem.</u>
1959	3180	1325 1855	2846	1182 1664	1900	969 931
1954	3611	1505 2106	3034	1287 1747	1605	820 785
1949	3417	1457 1960	2963	1279 1684	1364	701 663
1944	3031	1304 1727	2640	1143 1497	1370	656 714

Some selected comparisons with last year's operations.

	<u>1959</u>	<u>1958</u>
Admissions	1900	1748
In Residence June 30th	2846	2815
Discharged	898	765
Dismissed on Trial Visit	1719	1575
Deaths	342	294
Transfers to other hospitals	50	68
In Family Care	31	38

MOVEMENT OF POPULATION

Year ending June 30, 1959

Patients in residence, June 30, 1958

<u>Male</u>	<u>Female</u>	<u>Total</u>
1184	1631	2815

<u>ADMISSIONS</u>	<u>MALE</u>	<u>FEMALE</u>	<u>TOTAL</u>
New admissions during year	969	931	1900
Adm. from visit	456	753	1209
Adm. from absence	2571	4008	6579
Adm. from escape	96	58	154
Adm. from AWA	461	239	700
Adm. from family care	<u>0</u>	<u>11</u>	<u>11</u>
Total admissions for year	4553	6000	10553

DISMISSALS

Dismissed on visit	676	1043	1719
Dismissed on absence	2623	4046	6669
On escape	114	62	176
On AWA	438	224	662
Died	162	180	342
Discharged Outright	525	373	898
Transferred to other hospitals	17	33	50
Placed in family care	<u>0</u>	<u>6</u>	<u>6</u>
Total dismissals for year	4555	5967	10522

OTHER CHANGES

Discharged from visit	219	381	600
Discharged from escape	20	7	27
Discharged from AWA	32	33	65
Discharged from absence	1	1	2
Died on family care	0	1	1
Absence to AWA	51	49	100
AWA to visit	7	5	12
Visit to AWA	5	6	11
Absence to Escape	1	1	2
Visit to Absence	1	0	1
On visit from family care	0	1	1

SUMMARY AS OF JUNE 30, 1959

In residence	1182	1664	2846
On visit	111	140	251
On absence	3	3	6
On escape	10	5	15
On AWA	19	12	31
In family care	<u>0</u>	<u>31</u>	<u>31</u>
Total on books	1325	1855	3180

DISTRIBUTION OF NEW ADMISSIONS TO THE WARDS

	<u>MALE</u>	<u>FEMALE</u>	<u>TOTAL</u>
Reception Bldg.	671	611	1282
B Bldg.	172	194	366
D Bldg.	96	111	207
G Bldg.	20	4	24
All other Bldgs.	<u>10</u>	<u>11</u>	<u>21</u>
Total of new admissions	969	931	1900

ANNUAL REPORT

OTHER COMMENTS

<u>NEW ADMISSIONS</u>	<u>MALE</u>	<u>FEMALE</u>	<u>TOTAL</u>
1st Admissions	659	558	1217
Readmissions	<u>310</u>	<u>373</u>	<u>683</u>
Total	969	931	1900

This year we were able to discharge at the rate of $4\frac{1}{2}\%$ (85 pts) more patients than we admitted, as compared with $1\frac{1}{2}\%$ last year.

Voluntary committments make up 16% (506 pts) of the total number of patients on our books. This is a 3% increase over last year, and a 6% increase over 2 years ago. Nearly 2 out of every 3 patients sent in on involuntary status elect to remain on Voluntary Commitment. Voluntary admissions were initiated on May 15th. 6 patients were placed in this status in the first 6 weeks.

As of March 22nd of this year the length of time that patients were allowed out on absence was increased from 3 days to 7 days. We can not compare accurately the figures on patients allowed out in the community this year with previous years, but there has been a steady rise in the number of patients placed in the community on visit.

There has been a steady increase in the movement of population each year for the past 5 years. The following figures represent the number of patients who walked in and walked out of this hospital each year. These figures help prove our constant cry for more help.

1959	21075
1958	18527
1957	16678
1956	16064
1955	14650

CENSUS CHANGES DURING THE FISCAL YEAR 1959

- July 1958 Reduced Rec2 by 2 beds to develop "music" room.
New census 32.
- March 1959 "Increased" capacity 17 beds by opening D9 ward
as a geriatric section, in June the ward was
changed to an admission unit for the speedy exam-
ination of new admissions over 60 years of age.

THE BRIGGS CLINIC - Adult Out Patient Department
Max Day, M. D., Director

General

During this year we have continued our efforts of providing service to the community, diagnosis, recommendations for disposition and treatment for the emotionally ill. In addition we have continued to train the staff of the clinic and some of the physicians from the hospital. There has been some limited clinical research.

We have continued to study some of the problems of treating various members of the same family. Some of our experience has been with mothers and children while some has been with spouses. In both cases we have found that where the treatment for one such person who is tied very intimately to another is interrupted for any reason, such as, the therapist leaving, there are repercussions in the treatment of the other member of the twosome. For such reasons, a number of such twosomes have slipped out of therapy, when say the mother agreed to therapy not out of personal need or conviction but more to enable the child to be inducted into therapy.

This kind of problem was extremely troublesome in the therapy groups since we had 6 or 8 couples scattered through 3 or 4 groups. When therapists of some of these groups left, the other members of the groups of couples left the corresponding therapy group as well, with disastrous consequences to the overall group therapy program. These experiences have led us to evaluate more carefully the serious intent of people coming into therapy. Nevertheless we still feel that in many cases

of young adolescents or young schizophrenics or psychopaths that we cannot accept them into treatment unless the mother is in treatment as well. We have become a little more conservative about having spouses in group therapy simultaneously. Perhaps such breakage of therapy is one of the necessary prices of working with such complicated personalities.

Our efforts to mobilize the patients' serious interest in working in therapy by setting a reasonable and appropriate fee have continued and are proving a valuable therapeutic too. In practical terms which hardly begin to reflect the psychological meaning, the clinic took in \$5,309.50. People regard therapy as worth what they have to pay for it.

Changes in Clinic Personnel

Dr. Alan Prager took over the position of Assistant Physician from Dr. Edwin M. Davidson and has since moved on to the psychiatric department of the Children's Hospital. Mr. Olof Johnson our Principal Psychologist left in September, 1958 and was replaced by Mr. Alfred Lowe. We lost a man who was devoted in working with very sick people, both psychotic and non-psychotic, whom most therapists found difficult to deal with. In his place we have gained a psychologist who shows a breadth of understanding in working with his patients and who is able to set workable limits for all the patients who need them. In addition our psychologist won his Ph.D. from the Psychology Department of Boston University in May of 1959. This is the first time in more than 4 years that the clinic again has a psychologist with a Ph.D. on its staff

who should be very useful to us in attracting psychology students from some of the schools to study under his supervision at the clinic. In addition we were fortunate in obtaining a newly graduated social worker, Mrs. Grace R. Blitzer, who has a wealth of experience in various social agencies which stretches back a couple of decades.

Personnel from the Hospital

14 physicians from the hospital worked at the clinic during the year. In addition, we have had the help of 4 physicians from the community, some of whom had been connected with the hospital.

Supervisory Work and Clinical Research

A big portion of the supervisory work of individual therapy was carried by our consultant, Dr. Stewart Smith. He has pursued his investigation of the case of autofellatio with Mr. Lentschner as well as the problems which young male psychiatrists meet in treating middle-aged women on an out-patient basis. In addition, we were fortunate in obtaining the services of another consultant, Dr. David Blau formerly of Boston State Hospital and now Director of its geriatric research project. He has devoted his time to supervising some individual therapy done by the clinic staff.

Clinic Problems

The problem of the physical setting continue to hamper the clinic in its proper functioning. This can only be solved when the new building is provided and the clinic is then allowed a certain degree of autonomy in carrying out its work.

Because of the training needs of the clinic, it requires an expansion in supervisory time at all levels. This should allow each of the professions a diversity of supervisors to learn from. In addition, efforts should be made to re-introduce medical, psychology and social work students since one of the best ways of training the staff of the clinic is to have its members teach.

STATISTICS

For Fiscal Year July 1, 1959 to June 30, 1959

Requests for Intake.....	273
New Admissions.....	159
Readmissions.....	33
Total Admissions.....	192
Cases Accepted by the Clinic.....	84

PATIENTS TERMINATED.....180

After Diagnosis & Treatment

Terminated by patient, improved	13
Terminated by patient, unimproved.....	35
Terminated by clinic, improved.....	45
Terminated by clinic, unimproved.....	3

After Diagnosis

Treatment refused by patient.....	18
Refused for treatment by clinic.....	66
Ineligible (4)	
Referred Elsewhere (49)	
Other Reasons (13)	

After Other Services Only.....24

CLINIC ACTIVITIES

Intake Interviews.....	177
Evaluation Interviews.....	199
Person Interviews, Individual.....	3168
Person Interviews, Group.....	591
Number of Group Psychotherapy Sessions.....	171
Interview Others.....	38
Number of patients tested psychologically.....	14
Psychological Test Hours.....	33
Total number of tests.....	46
Total Number of Visits.....	4820

OTHER CLINIC ACTIVITIES

Supervision of Individual Therapy Hours.....	769
Supervision of Group Therapy Hours.....	66
Staff Meeting Hours.....	147
Community Service Hours.....	33

Total Received in Fees.....\$5,309.50

Total Out-Patient visits during 1959 were 5092.

3759 visits were made to the Briggs Clinic for individual and group therapy and 1333 visits were made by patients released on trial visit status to the after care clinic. (The figure of 1333 is in our opinion quite incorrect for it represents the tabulation of only two conscientious physicians - the work of some 38 others is not recorded. They see a much smaller number, but a significant portion of this activity is not statistically accounted for. We are able to check the pharmacy prescriptions for those patients on trial visit on medication. At current rates 20,000 will be filled. Each patient sees the doctor before his prescription is filled. The number of after care visits must be in this order of magnitude. A secretary would be required to keep proper count.)

PROFESSIONAL CARE DIVISION - John M. Mackenzie, M.D.
Assistant Superintendent and
Assistant Medical Director

Personnel Department - Miss Gina Crugnola, Senior Clerk and Typist, operates this unit in close cooperation with the Treasurer's Office. The work load of caring for the processing of papers of over 1,000 employees is beyond the capacity of the assigned personnel. In spite of long hours worked beyond that for which the employee is paid, delays in processing essential paper occur. Most urgently needed is a trained Personnel Manager who can give the much needed service to employees. This position continues to have a high priority in our budget requests this year as it has in previous years.

An additional Junior Clerk and Typist is urgently needed for assistance in this department also.

<u>Month</u>	<u>Total Emp. Hired</u>	<u>Rehire</u>	<u>Within Hosp. Transf.</u>	<u>Prom.</u>	<u>Dem.</u>	<u>Total Emp. Term.</u>	<u>Resigned</u>	<u>Transf.</u>	<u>Dism.</u>	<u>Retired</u>	<u>Deaths</u>	<u>Applic. Filed</u>
July, 1958	30	5	0	5	0	26	21	0	4	0	0	99
Aug., 1958	26	2	0	3	0	58	49	0	8	0	0	86
Sept., 1958	66	3	1	1	0	52	44	0	7	0	0	96
Oct., 1958	35	4	0	4	0	31	21	2	4	0	1	100
Nov., 1958	26	8	0	0	0	30	23	1	3	0	1	74
Dec., 1958	17	2	0	1	0	16	6	2	2	1	1	45
Jan., 1959	25	4	1	1	0	32	24	0	4	0	2	126
Feb., 1959	17	2	3	2	0	21	8	1	6	0	2	84
March, 1959	35	3	0	6	0	27	13	0	4	1	0	115
April, 1959	22	1	2	0	0	18	10	1	2	2	1	109
May, 1959	23	1	2	0	0	27	20	1	4	2	0	78
June, 1959	37	8	0	0	0	16	4	0	7	3	1	71

Total Employees Hired - 359

Rehired43
Promotions.....23
Demotions..... 0
Changed pos.9

Total Employees Terminated - 354

Resigned243
Transferred..... 8
Dismissed55
Retired..... 9
Expired9

Total Applications Rec'd - 1083

Total number of Industrial
Accidents Filed - 311

Employees who retired during Fiscal Year of June 30th, 1959

Christopher Sullivan	December 10, 1958	Charge Att. Nurse
Andrew Bonanno	March 31, 1959	Barber
Margaret T. MacIntyre	April 17, 1959	Attendant Nurse
Elizabeth Gillis	April 30, 1959	Charge Att. Nurse
Alida M. Treidmann	May 9, 1959	Launderer
Delia O'Keefe	May 31, 1959	Att. Nurse
Mary K. Sanphy	June 30, 1959	Launderer
David Tappen	June 30, 1959	Launderer
Harry Whitaker	June 30, 1959	Electrician

Employees who expired during Fiscal Year of June 30th, 1959

Beatrice Halfkenny	Dining Rm. Attendant	October 26, 1958
Mary McKenna	Seamstress	November 23, 1958
Carlotta Anderson	Attendant Nurse	December 24, 1958
Mary E. Connolly	Attendant Nurse	January 10, 1959
Annie P. Burnard	Attendant Nurse	January 25, 1959
Eric McNab	Garage Working Foreman	February 18, 1959
William A. Fortnam	Special Attendant	February 28, 1959
Henrietta Brooks	Charge Att. Nurse	April 10, 1959
Loreado Batten	Housekeeper	June 21, 1959

MEDICAL RECORDS DEPARTMENT - Viola M. Union, Principal Clerk and Secretary to Department Head

This department continues to function as an important part of the hospital. There are 18 stenographers and typists assigned to this department. Reception Building Record Office opens case records on newly admitted patients, notifies relatives of patients admitted, sends orientation letters to new patients, and makes out locator cards for hospital files. Copying of commitment papers was discontinued in the early part of 1959. Subsequent progress notes on patients, visit and discharge notes, psychological examinations and histories are typed for the records.

A veterans' register is kept on all veterans admitted to the hospital and reports forwarded to the Veterans' Administration, hospital census sheets are typed for distribution to various departments and offices, correspondence regarding patients is answered, abstracts sent to other hospitals, reports on court cases are sent to the courts, and records when completed are sent to other Massachusetts State hospitals when patients are transferred. All of the statistical reports regarding admissions, visits, and discharges are also compiled in this department.

The Medical Records Office in Reception Building moved to the first floor into the former conference room from the second floor location it had occupied for twelve years. The secretary of the senior psychiatrist on each of the two receiving services was moved with all current case records, to an office adjacent to the chief so that records moved be more accessible. An increase in efficiency was achieved by eliminating the time lost moving personnel and records between first floor offices and the record room upstairs. At the end of the year records were being currently kept. (1900 records on new patients were opened during this fiscal

year, related work was done on all records of Reception Bldg. patients.) Statistical information was also compiled. Changes in patients' legal status following admission (2044 during the year) are also taken care of in the Reception Record Room. A Veterans' register is kept (378 admitted) and forms submitted to the Veterans' Administration.

As of July 1, 1958, a new printed form for psychological examination was inaugurated. This form is complete and has been very satisfactory. Also, a brief form of psychological examination was instituted to replace the previous ward notes.

There is urgent need for additional typists and stenographers in this department and have been requested through proper channels. In order to attract and hold qualified Medical stenographers, a salary upgrading to meet competition in the community is needed.

Pharmacy department - Mr. Joseph Siciliano, Pharmacist

The pharmacy relocated in the D Building and operates with two registered pharmacists. Drug baskets for medical and surgical wards are filled daily and locked drug boxes are shipped to all ward or service treatment rooms three times a week.

The development of our Out Patient Department began during the year on an experimental basis. It has grown to such proportions that it is now an integral part of our work.

From January 1, 1958 to December 1, 1958 the Pharmach filled a total number of 655 Out Patient Prescriptions. To emphasize the growth of the O.P.D. we have filled 763 Prescriptions from January 1, 1959 to June 30, 1959.

The use of tranquilizing drugs has been on the increase and a good portion of the medical budget is spent for these expensive drugs.

The total amount of each tranquilizing drug used during the year was as follows:

<u>Drug</u>	<u>Dose</u>	<u>Am't Used</u>
Amps. Thorazine	50 mg.	3364 Amps.
Tab. Thorazine	50 mg.	69,114
Tab. Thorazine	100 mg.	100,270
Tab. Thorazine	200 mg.	76,368
Spansules Thorazine	150 mg.	24,115
Conc. Thorazine	1cc. = 30 mg.	1105 - 4 oz. Bottles
Tab. Meproamate	400 mg.	110,249
Tab. Reserpine	1 mg.	45,369
Tab. Reserpine	4 mg.	19,379
Amps. Reserpine	2cc. = 2.5 mg.	155
Tab. Marsilid	50 mg.	19,706
Tab. Pacatal	50 mg.	45,706
Tab. Compazine	10 mg.	56,657
Tab. Compazine	25 mg.	77,746
Spansules Compazine	30 mg.	79,746
Amps. Compazine	1cc. = 5 mg.	311 Vials
Conc. Compazine	1cc. = 10 mg.	315 4 oz. Bottles
Tab. Sparine	100 mg.	3800
Tab. Sparine	50 mg.	3100
Tab. Deprol		8201

It is recommended that a Pharmacy Assistant be added to the staff for the summer months beginning May 15 thru September 15. During vacation periods and in the absence of one of the Pharmacists the heavy load cannot be handled by one man.

The Pharmacy store room and working areas should be air cooled. The minimum temperature in the Pharmacy areas in the summer months is 85°. This temperature is too high for storing drugs, especially the more expensive drugs which must be kept in a cool, dark place.

X-RAY DEPARTMENT - Lucille Harris, Technician in charge
R. H. Hermanson, M.D., Radiologist.

The X-Ray Department located in the D Bldg. functioned six days a week. Emergencies were met by calling one of the two technicians to duty. Last fiscal year 4,347 patients were examined. Dr. R. H. Hermanson made 135 visits. Dr. Joseph Wassersug made 36 visits to interpret chest x-ray's of patients under study for tuberculosis.

During the year of July, 1958 to July, 1959 there has been an increase in many different types of radiographic examinations.

Also gratifying is the steady increase in the number of patients being properly prepared for x-ray examinations.

This year, we received, five hi-speed grid cassettes. They have enabled the technician to get films of better diagnostic value when it is not feasible to move the patient from bed or stretcher. Many times this service was needed in the operating room.

In October of 1958, Miss Julia Baptista began work at this hospital as an X-Ray technician. She has been employed as X-Ray technician by Booth Memorial Hospital in Brookline for the previous seven years.

Improvement in the filing system has been the major project this year. Decreased patient's films and records have been removed from the active files.

The work of the department during the past year consistently improved in both quality and quantity.

The increasing demands for service call for another technician. Payment of a fee for emergency service at night and on week ends is also needed as the work load is too heavy to permit adjustment of duty schedules.

JULY 1, 1958 TO JUNE 30, 1959

TOTAL PATIENTS EXAMINED IN X-RAY DEPARTMENT

4,347

TYPES OF X-RAYS TAKEN:

Chest	3,167
Heart Plates	4
Extremity	499
Skulls	140
Mastoids	3
Mandible	19
Temporo Mandibular Joints	4
Facial Bones	4
Nose	16
Sinuses	5
Zygoma	1
Sternum	2
Ribs	31
Shoulder	59
Clavicle	3
Spines Cervical	35
Thoracic	65
Lumbar	75
Sacrum and Coccyx	10
Pelvis	57
Hips	107
Metastatic Series	10
Portables	8
Laminogram	11
Arteriogram	4
Pneumoencephalogram	4
Skeletal Survey	3
Chemothalamotomy	1
Chest Fluoroscopy	4
Upper Gastro Intestinal Series	101
Small Bowel Study	6
Barium Enema	76
Esophagus Barium Swallow	28
Sialogram	2
Gall Bladder	33
Intravenous Gall Bladder	3
IV Cholangiogram	9
T Tube Cholangiogram	3
Cystoscopy	2
Intravenous Pyelography	71
Retrograde Pyelogram	6
Abdomens	132

TOTAL FILMS USED 10,176

TOTAL CONSULTANT VISITS: 171

DR. HERMANSON	135
DR. WASSERSUG	36

PHYSICAL THERAPY DEPARTMENT - Mrs. Margaret Swallow,
 Technician in charge
 Louis Feldman, M.D.,
 Physiatrist

The physical therapy department operates in the D Bldg. with the services of 3 technicians, one of whom also conducts group corrective therapy. The total number of patients treated was 121 to whom 8333 treatments were given (fiscal 1958 - 126 patients and 8785 treatments).

<u>DIAGNOSIS</u>	<u>NO. OF PATIENTS</u>
ABSCCESS	2
ACNE	3
ADHESIVE CAPSULITIS	2
AMPUTATION	2
ARTHRITIS	5
ATROPHY - disuse	1
due to nerve injury	1
BURNS	4
BURSITIS	4
CONTRACTURES	3
CONTUSIONS	2
DISLOCATION	1
FRACTURES	43
FROST BITE	1
NEUROLOGICAL CONDITIONS - Cerebral Vascular accidents, Korsakoffs, Multiple sclerosis, Neuritis, Neuropathy, Poliomyelitis, Poly- neuritis, Parkinsonism, Radiculitis, Sciatic, etc.	39
INACTIVITY	1
LACERATED TENDON	2

MYOSITIS	4
PARALYSIS - hysterical	1
PITYRIASIS ROSEA	1
PLANTARIS TEAR	1
SPRAIN AND STRAINS	17
TENOSYNOVITIS	2
TORTICOLLIS	<u>2</u>
	144

TYPES OF TREATMENTS GIVENNO. OF TREATMENTS GIVEN

AMBULATION	881
ANKLE EXERCISER	26
BICYCLE	71
DRESSINGS	32
EXERCISES	2512
KANAVEL TABLE	90
MASSAGE	886
MATS	246
MOTOR POINT STIMULATION	138
PARALLEL BARS	560
PULLEY WEIGHTS	108
RADIANT HEAT	391
ROWING MACHINE	23
SHORT WAVE DIATHERMY	24
SHOULDER LADDER	284
SHOULDER WHEEL	369
TRACTION - cervical	124
ULTRASOUND	71
ULTRAVIOLET	118
VIBRATOR	6
WALKERS	689
WHIRLPOOL BATH	610
WRIST CIRCUMDUCTOR	29
WRIST ROLL	<u>45</u>
	8333

During the year Dr. Louis Feldman, consultant in Physical Medicine, held 49 clinics seeing 245 patients in those clinics.

GROUP EXERCISE:

H BUILDING - 10 patients received a total of 20 hours.

B BUILDING - 12 patients received a total of 28 hours.

SUMMARY:

NUMBER OF EMPLOYEES TREATED

24

Medical Library - Miss Mary Viafora, Librarian

The goal of the librarian of the hospital is to provide complete library service. The scope of services is being enlarged with the growth of the library collection.

During the past year a periodicals rack and catalog file have been added to the equipment now housed in the library in its new location -- the third floor of Reception Building. This relocation of library facilities has greatly increased circulation. An average of ten persons, using approximately fifteen items daily, has caused crowded conditions from time to time in the reading area.

However, the ease of book and journal selection more than compensates for the occasional lack of seating facilities.

A nearby shelving arrangement clearly labeled NEW BOOKS has aroused interest. A shelf holding books on RESERVE keeps intact the collection needed for required reading. The display of current periodicals on the new rack has increased the use of and the greater interest in our subscription list. Eighty-five periodicals are received currently.

Several reference books from the 115 new books purchased have been made accessible and are used daily, particularly -- Grinsteins Index to Psychoanalytic Writings. (This department of the library should have accessions made at regular intervals.)

The monthly listing of pertinent references always elicits some requests for material and will be continued. However, we are hampered in this work because only one typewriter is available.

The reprint and pamphlet file continues to expand. Five hundred pamphlets are available for circulation. It is hoped

that contributions to this file will be greater in the future as a number of calls for specific articles are received frequently.

The dictionary catalog has been revised and is still being evaluated. A subject file has aroused some interest especially with the first-year student inquiries.

The usual services for bibliographic assistance and general reference questions continue. Interlibrary loan services and affiliations have been utilized with satisfaction to the patrons of the library.

One notes with regret that the library is not always open during the hospital work day. The aid of a volunteer might be enlisted to keep the library open at specified hours.

LABORATORY - Naomi Raskin, M.D., Pathologist and Director of
the Myerson Laboratories.

Deaths - 342, Autopsies - 140, percentage - 40.9%

Diagnosis:

General arteriosclerosis and bronchopneumonia.....	85
Coronary occlusion.....	50
Myocardial infarction.....	15
Cerebral thrombosis.....	22
Hemopericardium.....	1
Acute glomerulonephritis, malignant hypertension, edema.....	1
Cerebral hemorrhage.....	15
Aneurysm and thrombosis of abdominal aorta.....	2
Rupture of aneurysm of abdominal aorta.....	1
Fractures.....	10
Carcinomas.....	20
Post-lobotomy epilepsy, bronchopneumonia.....	1
Alzheimer's Disease, bronchopneumonia.....	1
Brain tumor.....	2
Hypothyroidism, coronary insufficiency.....	1
Pulmonary tuberculosis.....	8
Hypertensive heart disease, embolism, pulmonary edema.....	1
Cerebral arteriosclerosis.....	16
Hemorrhage infarction, left cerebellar lobe.....	1
Acute cholecystitis.....	5
Chronic cholecystitis.....	2
Rheumatic heart disease and Pulmonary emboli.....	4
Bronchiectasis and bronchopneumonia.....	1
Hypertensive heart disease.....	18
Post-prostatectomy status, cystitis.....	1

Chronic brain syndrome of unknown etiology.....	1
Chronic alcoholism and bronchopneumonia.....	1
Mesenteric thrombosis with infarction, general arteriosclerosis.....	1
Tertiary lues, arteriosclerosis.....	1
Uremia.....	8
Subdural hematoma, cerebral arteriosclerosis.....	1
Pulmonary infarction.....	1
Suicide - white phosphorus poisoning.....	1
Lobar pneumonia.....	3
Hemolytic anemia due to transfusion, subtotal gastrectomy....	1
Bronchopneumonia, Huntington's chorea.....	1
Hemorrhagic gastro-colitis, cirrhosis of liver.....	1
Cirrhosis of liver and arteriosclerotic heart disease.....	1
Diabetes, cerebro-vascular accident.....	7
Emphysema and pneumonia.....	1
Syphilitic heart disease.....	2
Epilepsy, bronchopneumonia.....	3
Bronchopneumonia, general debility.....	2
Histiocytic Leukemia, bronchopneumonia.....	1
Hypertensive heart disease and obesity.....	1
Delirium tremens.....	1
Parkinson Disease due to encephalitis.....	1
Myasthenia gravis, a hemorrhagic pancreatitis.....	1
Lobar pneumonia.....	2
General arteriosclerosis - gangrene left foot, Infected decubitus.....	1
Coronary insufficiency, general arteriosclerosis, malnutrition, chronic.....	1
Cardiac arrest, arteriosclerotic heart disease, Anectine shock.....	1

General arteriosclerosis and emphysema.....	1
Popliteal vein thrombosis, massive pulmonary emboli.....	1
Cardiovascular attack, Hypertension, Left hemiplegia.....	1
Acute and chronic pyelonephritis, with abscess of left kidney.....	1
General arteriosclerosis and acute gastro-intestinal hemorrhage.....	1
Monocytic Leukemia, Pulmonary edema.....	1
Peritonitis, secondary to wound abscess.....	1
Septicemia, decubitus ulcer.....	1
Cirrhosis of liver, massive esophagus hemorrhage.....	1
Status epilepsy, Epilepsy.....	1
Accidental cranial trauma.....	1

YEARLY LABORATORY REPORT

July, 1958 to June, 1959

HEMATOLOGY:-

Hemoglobin-----	3,787
Red Blood Count-----	3,343
White Blood Count-----	4,124
Differential-----	4,076
Hematocrit-----	1,110
Sedimentation Rate-----	325
Blood Grouping-----	332
Rh Factor-----	332
Crossmatching-----	416
Prothrombin Time-----	49
Clotting Time-----	29
Bleeding Time-----	15
Clot Retraction Time-----	1
Reticulocyte Count-----	22
Platelet Count-----	12
Eosinophilic Count-----	1
Sickle Cell Examination-----	11
Fragility-----	3
Coombs-----	18
Malaria Smear-----	7
Bone Marrow Smear-----	6
Color Index-----	9
Volume Index-----	9
Saturation Index-----	9
Mean Corpuscular Volume-----	11
Mean Corpuscular Hemoglobin-----	10
Mean Corpuscular Hemoglobin Concentration-----	11

BLOOD CHEMISTRY:-

Blood Sugar-----	1,872
Non-Protein-Nitrogen-----	1,744
Total Protein-----	169
Albumin-----	160
Globulin-----	160
A/G Ratio-----	160
Bromsulphalein-----	26
Bilirubin-----	221
Icterus Index-----	66
Thymol Turbidity-----	81
Cephalin-Cholesterol Flocculation-----	136
Cholesterol-----	102
Sodium-----	109
Potassium-----	105
Carbon Dioxide-----	63
Chloride-----	51
Acid Phosphatase-----	16
Alkaline Phosphatase-----	123
Calcium-----	78
Inorganic Phosphorus-----	16
Amylase-----	26

Acetone-----	1
Bromide-----	7
Uric Acid-----	3
Urea-----	12
Glucose Tolerance-----	10
SGO-Transaminase-----	25
SGP-Transaminase-----	24

BACTERIOLOGY:-

Routine Culture and Sensitivity-----	271
Routine Culture-----	285
Blood Culture-----	6
Stool Culture-----	10
T B Culture-----	324
Direct Smear-----	11
Guaiac-----	15

HISTOLOGY:-

Paraffin Sections-----	3,028
Frozen Sections-----	32

URINALYSIS:-----	2,974
CEREBROSPINAL FLUID:-----	68
PRE ELECTRIC SHOCK EXAMINATION:-----	3
CASTRIC EXAMINATION:-----	22
SURGICAL:-----	239
AUTOPSY:-----	140

EEG. LABORATORY - Mrs. Madeline S. Smith, R. N. in charge

Electrocardiograms - 1959 - 774, 1958 - 741, 1957 - 162

Medical 261
Surgical 67
G II
Geriatrics 281
Men's Cont'd Treatment Service 25
Women's Cont'd Treatment Service 23
Reception
 male 46
 female 47
Employees 8
OPD 5

Metabolism Tests 13

Employees 3
Medical 4
Surgical 2
G I (negative sputum)
Reception
 female 3

Electroencephalograms - 1959 - 63, 1958 - 36, 1957 - 9

Medical 20
Geriatrics 10
Men's Cont'd Treatment Service 3
Women's Cont'd Treatment Service 3
Reception
 male 17
 female 9
Employee 1

This year all the electrocardiographic, electroencephalographic, and metabolism tests requested were done. The recordings have been mounted, and the reports have been sent to the various services.

Dr. Samuel Stearns interpreted the electrocardiograms this year.

A Burdick Electrocardiograph machine has been kept ready for use in the Central Supply Room for doctors and relief technician.

DENTAL DEPARTMENT - Joseph Fleming, D.M.D., Dentist

No. Patients Seen	3,911
No. Operations Performed	6,786
Total Restorations	395
Prosthetic Appointments	852
Dentures Completed	44
Dentures Repaired	17
Anesthesia Used	775
Extractions	1,067
Cases Done in Operating Room	5
Post Operative Operations	385
Periodontal Treatments	479
Dentures Marked and Cleaned	420
Sutures Placed	177
Sutures Removed	141
Examinations	1,990
Radicular Cysts	50
Number of X-Rays	167
Alvioplastis	39
Alviolectomy	39
Consults	10
Miscellaneous Treatments	65

OCCUPATIONAL THERAPY DEPARTMENT - Miss Marjorie Canada, Head O.T.

PERSONNEL

Three occupational therapists, one recreational therapist and five occupational therapist assistants began employment during the year. One charge attendant nurse was assigned to this department for Christmas employment.

Three occupational therapists, one recreational therapist, three occupational therapist assistants terminated employment. Four attendant nurses assigned to this department for the summer of 1958 terminated, and one charge attendant hired for Christmas terminated.

High turnover of personnel continues to be a problem in the development of a continuous and stable occupational therapy program. Higher competitive salaries would contribute toward the solution of this problem.

Teaching and Training

I OCCUPATIONAL THERAPY STUDENTS

This past year 21 occupational therapy students completed their psychiatric occupational therapy training at this hospital. Following is a breakdown as to schools sending students here for training:

<u>No. of Students</u>	<u>School</u>	<u>Length of Affiliation</u>
14	Boston School of O. T.	4 mos.
1	Boston School of O. T.	3 $\frac{1}{2}$ mos.
2	Boston School of O. T.	3 mos.
1	University of Illinois	2 mos.
1	University of Illinois	5 $\frac{1}{2}$ wks.
1	University of New Hampshire	3 mos.
1	Richmond Professional Institute	3 mos.

Each student's schedule provided clinical experience in each of the major occupational therapy areas on a monthly rotating basis,

and depending on the affiliation requirements of the various schools. They were supervised by occupational therapy department members and by the head therapist. They attended regular bi-weekly staff meetings, disposition staff meetings, seminars and service meetings in the areas to which they were assigned. One meeting was held weekly with the head occupational therapist for discussion of psychiatric occupational therapy. The students were given special orientation to the hospital as well as attending orientation programs for regular employees.

II OTHER TEACHING AND TRAINING

This past year the occupational therapy department presented twice at teaching staff meetings. Miss Canada gave a presentation of "Problems in Administration of the Occupational Therapy Dept.", in December, 1958. The second presentation concerned art as a therapeutic activity and was given by Misses Cabe, Boothby, Alden and Milner.

The department participated in teaching and orientation programs for resident psychiatrists, medical students, student nurses, graduate nurses, attendant nurses, clinical pastoral students and music therapy students.

One occupational therapist assistant, Miss Anita Bowling, completed a six weeks' Training Program for Occupational Therapist Assistants given at Westboro State Hospital September 29-November 7, 1958.

Miss Canada continued to serve on the committee for planning and revising the Training Program for Occupational Therapist Assistants.

Weekly administrative meetings were held throughout the year for the O.T. Staff under the leadership of Miss Canada. Individual conferences, tours and group conferences were held in the O.T. Department throughout the year.

Miss Canada attended the American Occupational Therapy Assoc. Annual Conference in New York City on October 20-23. She acted as a group leader at the conference.

A two-day recreational therapy workshop held at Westboro State Hospital was attended by Mr. Keil, Mr. DiPirro and Mr. Davis.

Miss Canada also participated in a planning conference on the American Occupational Therapy Association's curriculum research project. She later worked on obtaining critical material for this study.

Miss Canada taught a ten-hour course in psychiatric occupational therapy at the University of N. H. this past year.

The Joint Rehabilitation Conference, held one-half day at Tufts University, was attended by Misses Boothby, Cabe, Alden, Schmitt and Ginsberg and three of our occupational therapy students. This conference was on the subject of "Dependency" and Miss Ginsberg was on the planning committee.

In June, 1959 Miss Canada attended a two-day clinical conference held by the Boston School of Occupational Therapy and the U. of New Hampshire held at the University of New Hampshire. She participated in a panel on student problems.

Occupational Therapy personnel and students again participated in summer staff meetings held jointly with Clinical Pastoral Students in July and August, 1958.

OCCUPATIONAL THERAPY PROGRAM

Cooperation from other departments has been good this year. The flow of supplies has continued to be adequate.

The chief problems are in the area of patient referral to all of the services in this department. The treatment program is not as well coordinated as it might be, i.e. referral of patients to the occupational therapy department lacks system, and in many instances there are no referrals, the occupational therapy personnel having to take the initiative.

I. Mimeograph and Typing Unit

21 patients received 3,732 hours of treatment in this unit, supervised by O.T. Assistants.

Miss Callahan has continued to be the typing and shorthand teacher. Mr. Lavery of the Massachusetts Rehabilitation Commission replaced Miss Unterberger in April, 1959. Only one patient has been successfully referred to the typing unit since that date.

Presently, there are 7 typewriters, 10 chairs and 10 tables provided by the Massachusetts Rehabilitation Commission. The embossograph and mimeograph machine are in working order. The mimeo machine was repaired and converted to oil base ink.

Approximately, 15 patients have left the unit and the hospital. Four (4) patients are working part-time in the hospital. Another 3 patients are attending the Typing Unit from home. A former patient is coming in for practice.

2. Reception O.T.

393 patients received 13,657 hours of treatment in this unit this past year.

Because of a heavy patient load, the morning group has been divided into sections which come from 9-10:15 and 10:15-11:30,

enabling the personnel to work more closely with more patients. Since Reception 4 and 6 are open wards, male attendance has dropped somewhat, and at present, it is no longer necessary to divide the men into two sections.

Ward programs have been started on two female wards (one of which is supervised by the student O.T.'s) and the one closed male ward, reaching approximately 30 patients.

The Activities Committee Meeting - represnated by one employee from each ward, social service and O.T. - met weekly, if possible, to discuss activities for the patients. An attempt was made to foster activities for those patients who remain at the hospital on week-ends.

Among the activities planned were bingo parties, refreshments on Wednesdays and Saturdays to encourage socialization, or to supplement parties. This committee also formed the nucleus of an Employees' Club, which is being started.

3. H-Occupational Therapy Clinic

116 patients received 5,680.5 hours of ward and clinic occupational therapy.

A recreational program for the patients in this building was instituted by renovating and opening the former O.T. area in the basement here. New equipment added to improve the recreation room included 2 pool tables and a player piano that were donated.

The physical appearance of the art room was improved by completely repainting it. This was done by a group of patients.

Patients in H-O.T. were instrumental in setting up a library and reading room for this building. Therapists feel that under the present arrangement of having the library in charge of the building supervisor, patient librarians do not

receive adequate guidance.

Increase in ward programs: Due to the addition of the recreation room there was a good carry-over in activities from outdoors to indoors in the Fall season that had never been possible before. More work has been done with wards and with ward personnel as a result of the room, which has been scheduled seven days a week from 9:00 A.M. to 9:00 P.M.

Typing Lessons: The loan of 2 typewriters from D-O.T. has made it possible to give two patients typing lessons on a regular basis.

Current Events Club: This April, a current events group was started, which includes about a dozen patients per weekly meeting. The purpose of this group is to interest the patients in what is going on in the hospital and in the Boston area. Meetings are held in the H-Bldg. library's reading room, where daily papers are available.

4. S-O.T. Clinic

Two patient groups are treated daily. This past year, 49 patients received 3,922 hours of treatment in this clinic.

There has been no new equipment or facilities added to the clinic, but an old floor loom in poor condition was replaced with newer, more satisfactory one from the now discontinued East O.T.

The patient program has continued with few changes.

There is contact with other services in an East Side staff meeting held once a week. However, this meeting has not been used for discussion of individual patients and so has not proved to be very valuable as far as the group in S-O.T. are concerned.

5. O-Bldg. Ward O.T. Program

This past year, 38 patients in O-Building received 4,612 hours of occupational therapy. This program continues under the supervision of Miss Maniatty, O.T. Assistant.

O-Building continues to have a varied program of O.T. activities and rhythm band. There has been an increase in the interest of the patients. This remains a rather stable group as there is very little movement of patients in the O-Building. It is felt that the O.T. program helps these patients' morale as well as their interest and general self-care.

6. N-Ward O.T. Program

56 patients received 2,132 hours of occupational therapy this past year.

There has been no new equipment added except for small tools; facilities have remained the same. The patient program remains essentially the same - sewing, knitting, leatherwork, drawing, painting, cards, games and recreation.

7. R-Building O.T. Program

In September, an O.T. Assistant began employment in R-Bldg. O.T. with the purpose of taking over two patient groups.

27 patients received a total of 4,408 hours of occupational therapy.

During the year, a bookcase was added to the room, a folding screen, a hot plate for coffee, and a large cabinet was placed outside the room for convenient storage and for additional space in the shop. The shop itself has been undergoing a few changes in color scheme. The dull green woodwork is being painted the same light buff as the walls in order to lighten and brighten the atmosphere and to give a better color scheme. This is being done by patient groups.

There have been no changes in schedule of the patient program. Art work is being emphasized in therapy. The therapist is trying to show it as an important as well as pleasurable experience. Expression through writing is stimulated. The two are sometimes combined. The patient is asked to examine her feelings about what she has produced and sometimes write these feelings down.

8. P-2 Ward Program

Activities used included drawing and painting, bean bags, music and dancing, walks outside. 42 patients received 200 hours of occupational therapy during July and August. This was discontinued due to negative attitudes of the ward personnel.

In March, 1959 there was a request by the doctor to start O.T. again on this ward. He felt it would be much more successful due to a change of ward personnel. Therefore, the program was tried again, using drawing and painting. 37 patients received 99 hours of treatment. The response of the patients was good, and at first the attendants were interested and assisted with the activities and kept the ward clean. This interest seemed to wear off by the end of the month. Following this, the activity was changed to rhythm band, with a change also in O.T. Personnel.

On May 20, 1959, a Rhythm Band Group was formed and held from 9:45 A.M. to 11:00 A.M. on Wednesday mornings. 17 patients received 233.5 hours of treatment.

9. L-O.T. Clinic

117 patients received 12,552 hours of occupational therapy. Mrs. Catherine Foster continues in charge of this program.

Weekly Wednesday A.M. meetings held on L-2 with Dr. and patients, followed by meeting with Patient Committee for discussion concerning problems and needs of patients.

Bi-monthly entertainment which the patients planned and conducted with the assistance of O.T. and Ward personnel. Male patients were invited to participate and refreshments were served.

10. A-Bldg. O.T. Program

68 patients received 4,386.5 hours of treatment this past year.

In March of 1959, the O.T. Unit moved from a dayhall to new quarters, the former hydrotherapy rooms. This change has brought immediate benefits in the work situation.

11. D-Medical and Surgical O.T.

167 patients received a total of 6,084 hours of occupational therapy in this building.

The program continues the same in the clinic with patients from D-1, D-2, D-3, and D-6 attending in the morning, with D-7 and D-8 in the afternoon. On April 6, 1959, a new ward, D-9 was added to the afternoon group. It consisted of geriatric male patients who had been transferred from H-Building. This ward was discontinued, however, at the end of June due to a change in policy which resulted in all the patients being transferred to other buildings in the hospital.

One new ward program was started on D-5, a male convalescent ward. The program was received very well and the attendants on the ward have been very cooperative. This has led to others becoming increasingly interested in Occupational Therapy, and the attendant on D-4 asked for a similar program on that ward. This will be started in July, 1959.

The D-Building Occupational Therapist also supervises a librarian who takes a library cart to all wards in this building. There have been three librarians this year, two of whom have

done an adequate job, and the third who is doing the job very successfully.

12. G-Bldg. O.T. Program

45 patients received 8,527 hours of occupational therapy this past year. The G-Bldg. has changed in that there are only male TB patients left.

13. West O.T. Clinic

51 patients received 8,200 hours of treatment in this unit. This does not include the ward recreational programs. Miss MacLean continues to be in charge of this unit.

14. I-O.T. Clinic

33 patients received 6,894 hours of treatment in I-O.T. Clinic operated by Miss Choate, O.T. Assistant. The I-O.T. Group continues to meet twice a day, four times a week.

A ward meeting has been held on Tuesday morning with the Supervisor, the doctors, and personnel of I-Building.

The I-O.T. Clinic continued its improvements with the re-painting of the walls - repairing ping-pong tables and the building of a wood storage rack.

The room outside the O.T. Clinic is being re-decorated. We hope eventually to have a library there. Mail boxes were built by patients for I and J Buildings and the cottages. A patients' art exhibit was held in February, 1959. Attendance for this exhibit exceeded 250 patients and personnel. This does not include I-Building personnel or patients. The O.T. patients covered the screens used and exhibited many of their paintings and crafts. They also helped take care of the rooms, setting up the exhibit and taking it down. A small flower garden was planted and maintained by the group.

15. B-Female O.T. Program

Since the regular therapist was on leave of absence during most of the year, this program was taken over by a summer employee during July and August, 1958.

A total of 130 patients received 6,100 hours of occupational therapy for the year.

The program was hampered by the many changes of personnel and also by construction in the building which made it necessary to constantly shift O.T. supplies. The regular occupational therapist, returned from leave of absence in March, 1959 and took over this program again.

16. B-Male O.T. Program

Since July, 1958, the recreation area situated directly across the road from B-Bldg. has been available at all times and conveniently used by the B-Bldg. O.T. Group.

A complete supply of rhythm band instruments were issued to the B-Bldg. O.T. Also a new, small three-speed electric phonograph with four march records was bought for music to which the rhythm instruments could be played. The phonograph was later found to be too small and lacked volume to be heard enough over the sounds and noise of the rhythm band instruments. The phonograph and records were given to another O.T. department. Another phonograph with a larger speaker has been requested.

In addition to the above equipment, various miscellaneous carpenter tools were issued to the B-Male O.T. department upon request.

A used piano in B-Bldg. was made available for special group singing for O.T. This has been moved out of doors for the Summer. The piano is set on a wooden platform made by the patients and covered for protection from the bad weather.

17. P-3 Ward Program

This program started in September, 1958. 72 patients received 1,018 hours of occupational therapy.

The program was started at the request of the ward doctor. The program consisted at first of making curtains for the ward, and some recreational activities. When the curtains were finished we changed to painting and drawing, and painting of some of the ward furniture. Recreation equipment was left on the ward for use by the attendants with the patients at other times. This included rubber balls, ping pong set and shuffleboard equipment. A shuffleboard court was painted on the hall floor and maintained throughout the year. Checkerboards were painted on the hall tables. The ward attendants arranged for some patients to have individual rooms, and a bureau was given to the ward by O.T. to help furnish these. An ironing board was also loaned to the ward to help stimulate an interest in the patients in caring for their clothes. We recently took a group of 15 patients to the new library to help stimulate interests outside of the ward. There is contact with the doctor, and the attendants are interested in the program and in their patients. They were able to carry out special activities on their own. O.T. helped with the Christmas party in donating cups and assisting patients in making favors. The recreation equipment left on the ward was used mainly by a Male attendant on the evening shift.

SPECIAL ACTIVITIES

During the year 1958-59, there were more than 424 special activities arranged for and supervised by the occupational therapy department. There was a total attendance of 12,852 patients and 26,971 patient hours were spent in these activities.

Some of the special functions of this department included:

1. Bi-monthly dances in I-O.T. attended by patients from I, H, J, the Cottages, A-Bldg. and the East Side.
2. Weekly movies in I-O.T., averaging 70 patients per movie.
3. Use of the outdoor recreational area and H-Recreation Room by various O.T. groups, especially West Side Groups.
4. Christmas bus trips to the community for patients to see lights and decorations, with special parties held after each trip. Patients who rarely left the hospital grounds were selected for these trips.
5. Selecting, ordering, marking and wrapping of more than 3,000 Christmas gifts for all patients in the hospital as well as patients on Family Care. Miss Choate was again in charge of Christmas gift wrapping.
6. Selecting and distributing Christmas decorations for all wards.
7. Special outings for patients throughout the year such as: Houghton's Pond, Franklin Park, Boston Globe Plant, Norumbega Park, Charles River Boat Rides, Boston Azts Festival, swimming at Mass. Mental Health Center.
8. Special dances held in H-Recreation Room for working patients, dances in B-Bldg. and in outdoor recreation area.

9. Parties held weekly or monthly in most O.T. Units, as well as parties on special holidays.
10. Christmas Program in the East Chapel. The Music Therapy section took charge of this event: 80 participants (patients) and an audience of 800.
11. Art Exhibit - I-Building. Glee Club of 20 men sang. Occupational Therapy personnel helped set up the exhibit, printed invitations, etc. with patient groups participating.
12. Patients taken to B.S.H. Carnival.
Male Glee Club sang in Mental Health Tent.
13. Male Glee Club (28 patients) went to Bedford V.A. Hospital to perform for patients. In turn, Bedford's Glee Club visited this hospital.
14. Gardening Projects - A-O.T., L-O.T., I-O.T., G-O.T., Reception O.T., B-O.T., H-O.T., West-O.T.
15. Helping volunteer groups who held parties in various buildings throughout the year.
16. Fashion group started in Reception O.T., Mardi Gras held.
17. Decorating all cafeterias for all major holidays.
18. Special O.T. supplies given to Family Care Homes for patients' activities.
19. Training models and decorating for Annual Hat & Fashion Show sponsored by Woman's Auxiliary.
20. Rhythm Band started with patients in the B-Building.

FEMALE INDUSTRIAL PLACEMENT

The Female Industrial Placement Program has been in a transitional state for most of the fiscal year July, 1958 to June, 1959 due to a rapid turnover in personnel. In April a full-time therapist was assigned to handle the placements for the Female patients on the West Side. 573 Women patients worked a total of 184,883.5 hours in industrial placements.

The following placement situations have been added:

East Industry Office	Medical Library
East Library	West Patients' Cafeteria
East Office	(new placements for women)
D-Bldg. Library Cart	B-Bldg. Escort Service
Treasurer's Office	D-Bldg. Housekeeping Dept.
Rehabilitation Research Project	Ward Aides for O-Bldg.
Nursing School Office	and N-2

Also a plan has been started to divide the working patients in the East Cafeteria and the Laundry into shifts, thus providing more placements within our existing industries. It is felt that this plan will have to be introduced in other areas as well to meet the increasing demand for hospital industrial placements.

The East Industry Office moved in April. It is now located in a larger room in the west corner of S-Building. The office is attractively decorated, thanks to a fresh coat of paint and some additional furniture, and is arranged so that interviews may be held in one part of the room while others are working at the desk.

The increase in the number of visits to the office from patients and personnel can, at least in part, be attributed to the more attractive and more functional surroundings. Most of all, this move has contributed immeasurable to the morale of the 5 people (2 of them patients) who work in and from the East Industry Office.

The primary goals for the coming year are: 1) to develop a better understanding among patients and personnel of the purposes

and functions of the industry program.

2) to provide some special activities for working patients.

3) to help clarify the relationship between the hospital industry program, rehabilitation services and community resources.

MALE INDUSTRIAL PLACEMENT

This past year, 419 men patients worked 230,203 hours in industrial placements within the hospital.

It was decided that the working patients should have recreation during the day, and arrangements were made with industries for the patients who wished to join the softball league to have afternoons free. Many of the patients look forward to practice and actual participation.

The Nursing Personnel have a large group of less active patients to see the games, and the fast-moving action of the players is stimulating for those patients, and the interest of the personnel creates an atmosphere of a professional game.

Work Therapy Orientation Program was organized in the I-Building with the Heads of Departments participating. This program consisted of six weekly lectures designed to motivate the withdrawn patients who frequently are not drawn into industrial therapy. A large number of patients attended all six lectures. This stimulated their interest. As it was pointed out, these lectures were part of their treatment, and the doctor decided it would be good for them to have association outside the buildings. It was presented in terms of opportunities that are available if patients wished to take advantage of them. Many were interested, asked questions, and some moved into industry and made a good adjustment.

Weekly meetings were held in I-Bldg. with doctors, ward personnel, O.T.'s and students. Administrative problems, patients and activities are discussed and a follow-up reported on their progress. This meeting offers an opportunity to keep in touch with current problems and the newly-admitted patients to I-Building. Weekly meetings are also held for H-Building.

The Patient-Employee Program continued during this year, and seven patients were placed on the program. Their status was changed to that of employees, and they were given rooms in the Male Home and orientation to employee regulations. The patients assigned to this program were closely observed by the therapist and were checked daily to determine performance of work, keeping time and noting any change in behavior; also, progress was reported to the committee and doctors concerned. This was done in cooperation with Work Supervisors and Ward Personnel were notified of any change in patient's behavior. The program offers training in hospital industries to improve patients' work skills on a forty hour per week basis, giving patients the same status as employees. The Industry Personnel are cooperative in accepting patients to train for work and much time is given to help them.

A Library and Reading Room were set up in the I-Bldg. offering an additional placement situation. A patient is assigned on a full-time basis.

RECREATIONAL THERAPY

1,182 patients participated in 23,160 hours of recreational therapy this past year. A good portion of these patients were worked with during the Summer months when extra personnel were hired for recreation. In the full-time recreation programs 172 patients received 15,969 hours of recreational therapy.

Much more equipment has been made available during the past year. An additional new softball field has been built behind "J"-Building, using patient labor, with good cooperation from the garage personnel.

The patient program has been changed by adding to the number of patients being taken to the new outdoor recreation area and to play softball. Two teams from all four wards of I-Building, plus two teams from H-Building have joined to form a West Male Softball League. Four attendants have served as player-coaches and great enthusiasm has been aroused. Shirts and caps for all players, plus sufficient equipment, has made this activity of high interest.

Two League games are played per week and patients are brought from the two buildings to watch. Three times a week the therapist takes patients out for practice games. Regressed and confused patients are brought out on these occasions to participate actively.

The outdoor recreation area is in full use during the Summer, with extra personnel hired in nursing and occupational therapy departments to implement the program.

EAST LIBRARY

The patient's Library on the East Side was opened on June 5, 1959 and has been enjoyed and used by the Female patients. The library is located in a room off of the East Chapel Building, which makes it convenient for all the patients on the East Side.

The patients are able to come into the library 5 days a week, and even though there are hours posted, the patients use the library almost constantly during the day. Many patients take books back to the wards with them, others take magazines, while others come in to the library to read the daily paper, look up information in the reference books or to draw. Drawing materials are supplied for those patients who are unable to read.

The personnel who work in the library consist of I O.T.R. and 2 patient assistants. One patient works full-time while the other works part-time.

The library is newly equipped with 14 steel book cases provided by the Woman's Auxiliary. A new tile floor was laid which greatly improved the appearance of the room. New books were bought for the library in June, 1959. Also many donations of books from outside the hospital have helped supply the library with excellent reading materials. Magazines have been donated by many individuals.

OCCUPATIONAL THERAPY DEPARTMENT

STATISTICAL REPORT

Total patients treated: 4,292

O.T. Units 1,618

Female Industrial 573

Male Industrial 419

Music Therapy 500

Recreational Therapy 1,182

Total patient attendance for 424 Special Activities: 12,852

Total number of patients using East Library: 294

Total number of patients who left the hospital: 446

By trial visit 175

Discharged 184

Trans. to other hospitals 20

Died 6

Extended Visit 31

Working outside hospital 30

Total number of patients dropped: 1,000

Trans. to other than O.T. wards 191

Uncooperative or disturbed 16

Escaped 18

A.W.A. 31

Physically incapable(illness) 30

Discontinued(O.T. and Industry only) 714

<u>Intra-departmental Transfers:</u>	<u>295</u>
Trans. from O.T., R.T., M.T. to industry	127
Transfers between O.T. Units	120
Transfers from M.T., R.T., Industry to O.T.	21
Transfers from O.T. to Music Therapy	25
Transfers from Music Therapy to R.T.	2
 <u>Total patients carried over at End of Year:</u>	 <u>1,493</u>
O.T. Units	383
Female Industrial	269
Male Industrial	298
Music Therapy	116
Recreational Therapy	427

Patient Hours of Treatment:

O.T. Programs	101,816.5
Industrial Placement.	415,086.5
Recreational Therapy.	23,160
Music	8,873
Library (East).	200
Special Activities.	<u>26,971</u>
 <u>Total</u>	 576,107

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MUSIC THERAPY

500 patients received 8,873 hours of music therapy. Last Summer - July and August, 1958 there were 2 music student affiliates under her supervision. This was on a full-time basis and a great help to the department. From September, 1958 through May, 1959, there were 8 students here once a week, and since June 1, 1959 there have been four students on a full-time basis. This increase has been most fortunate since coverage of the hospital can be increased.

This past year, music therapy has received several donations. These include 12 bongo drums, 12 pairs of rhythm sticks, a marimba, a guitar, and a zither, as well as some music. Also the supervisors in A-Building and in I-Building have been most helpful in that they have provided areas in which music therapy can be held in their buildings. Also, in H-O.T. we have set aside one of the small rooms as a music room.

The only significant change in patient programs is in the fact that the increased open-door policy has given greater opportunity for music therapy groups to be held outdoors in nice weather. This adds to the comfort of all participants.

MUSIC THERAPY AFFILIATE TRAINING

This is a report of service performed at the Boston State Hospital from July 1, 1958 to June 30, 1959 in music therapy by Arthur Flagler Fultz, Director of Affiliate Training in Music Therapy, and his associates.

The report is organized according to the following categories:

Introduction: Organization and Aims of service
Tabulation of Data
Music Therapy Operations; application and results
Clinical Training of Student music therapists
Cooperation of BSH staff personnel
Special Events; seasonal celebrations
Public Relations, research, and publications

INTRODUCTION

Aim: The aim of the Music Therapy operations at BSH is five-fold:

- (1) To provide adjuvant therapy and, under proper supervision, a limited form of non-depth therapy for patients being served by a treatment team;
- (2) To supervise and direct the work of student music therapists in their clinical affiliation and training;
- (3) To conduct research studies on problems related to the existence, nature, aims, and uses of music therapy with psychiatric patients;
- (4) To extend its services to staff members for their relaxation and refreshment; and
- (5) To facilitate the musical aspects of general activities at the hospital, such as dances, anniversary celebrations, entertainments, religious meetings and festivals, etc.

Organization: Music Therapy operations are organized at the

Boston State Hospital under the guidance of the "Director of Affiliate Training in Music Therapy", as Music Therapy Consultant; executed through a full-time music therapist (responsible to the Chief O.T., whose report appears with that of the O.T. Department); and furthered by student music

therapists who thus fulfill their clinical training requirements for obtaining their Bachelor's or Master's degree in Music Therapy from the New England Conservatory of Music, and becoming certified as "Registered Music Therapists" by the National Association for Music Therapy, Inc.

TABULATION OF DATA

<u>Therapist</u>	<u>On Duty Hours</u>	<u>Operational Hours</u>	<u>Patient-Time</u>
Fultz	340.1	289.5	1613.3
Brown	231.0	204.0	1366.6
Buck	22.5	22.5	0.0
Cruz	501.5	454.9	4477.0
Ferry	614.5	532.2	2959.2
Gardner	97.5	96.5	122.1
Ginsberg	289.3	82.5	78.0
Janusz	82.5	78.0	984.0
Mahan	306.9	289.7	1024.0
Smith	586.9	514.4	3130.0
Welch	461.0	406.1	7069.9
<u>TOTALS</u>	<u>3533.7</u>	<u>3163.9</u>	<u>23,182.7</u>
			T

Ratio of Operational to Patient-Time

1/5.6
 1/6.7 (seminars only)
 1/9.8
 1/5.6
 1/1.3 (1st semester)
 1/1.6 (credit to 8/15)
 1/12.6 (2nd semester)
 1/3.5 (2nd semester to date)
 1/6.1
 1/17.4
 1/7.3 AVERAGE

Music Therapy Operations; Applications and Results

- (1) Personnel. Ten student therapists this year as compared with three last year. Of these, six were registered for the graduate degree, Master of Music Education with Major in Music Therapy, while four were undergraduates.
- (2) Service. Twice as much "On Duty" time as last year (3533.7/1700.05). Twice as many "Operational Hours" actually spent in work credited as "Music Therapy" (3163.0/1554.05). About two and one half more patient hours than last year (23182.7/9633.7).
- (3) Concentration. Overall ratio of operational time to patient time this year was 1/7.3. Last year was 1/6.2. Slightly more toward general treatment of patients in groups than last year. However, anything lower than 1/10 is held to be very good distribution of time for our work. It still holds that the best therapists, by and large, are those with the lowest Operational to Patient time ratios. (This does not include persons whose accumulated patient-time is for only a short duration, as one semester, or two months, etc.)

A few results. While it is very difficult to pin-point Music Therapy as being the central agent in the rehabilitation of a patient, there have been several very significant responses to our operations. One, for instance, is the realization of rehabilitation of a psychotic female patient, which came about chiefly through placing new tools of self-appraisal in her hands, viz., the construction and employment by her of a ranking system for self-evaluation of musical achievements and predictions in terms of her level of aspiration. She was guided in the transfer of this technique to her similar kinds of non-musical problems. She was so helped by this that she

tried to assist another patient, a friend, in developing the same procedure.

On a group level, a male glee club from I-Building performed at Bedford VA Hospital and it was possible to improve interpersonal relationships along such group dynamics dimensions as sociometric, communication, power and locomotion potentials.

Clinical Training of Student Music Therapists

Serious problems. A number of problems arise with ten young people just beginning their work with mental patients. Undergraduate students seem to have the most trouble adapting to the hospital picture. Graduate students, however, realize the importance of formulating their basic assumptions with which they approach each situation, and are mature enough to meet these situations with more adjustiveness.

Requirements. Students are required to make out formal reports on both the time they spend and the operations they employ. Care is taken to see that each student becomes thoroughly familiar with at least 12 of the standard music therapy operations (of the total 24); he is also required to deal with patients suffering from a broad and representative sample of psychoneurotic and psychotic disorders. Three students last summer, and four this summer have spent full time (40 hours/week) under the supervision of Miss Ginsberg and Mr. Fultz. Beginning with September, all clinical training will be in the nature of an internship of 25 consecutive 40 hour weeks following completion of the academic program. We shall continue the pre-clinical visits to the hospital during the academic program.

Cooperation of BSH Staff Personnel

Difficulties. It has been impossible to date to gain the acceptance of any doctor on our staff to meet regularly with our students to discuss problems related to the handling of their patients. Several of the doctors, have, however, been most helpful in informal discussions when the student is able to get to the doctor. We would earnestly hope that a better program in this respect can be worked out.

Staff Meetings. All of our students have attended teaching and disposition staff meetings regularly. This privilege is greatly appreciated by them, and when it seemed appropriate, they have been willing to participate in the discussion of patients with whom they were dealing.

Special Events; Seasonal Celebrations, Etc.

Christmas. As usual, this program has great meaning for many of our patients as well as for members of staff. This year, "Christmas Is For Giving" was participated in by a large patient cast and student nurses, and even the wife of one of the doctors together with her infant son. Instead of limiting the performance to just one showing on the East Side, we presented it also in Reception Building Auditorium thus reaching two hundred more patients than would have been able to attend the former one. This program was sponsored and developed by the Music Therapy Department with the aid of the Chaplains and Nursing Service, the Volunteer Service, and the Occupational Therapy Department.

Saturday Concerts. Several concerts were presented by students from the New England Conservatory of Music. Each program was built to dramatize in some way or other some phase of

interaction or interdependence, which we tried to discuss with those who attended following the performance, to think through, if possible, what alternatives the characters in the operatic skits, for instance, chose, and how they might have avoided their plight, or improved their circumstances by a better choice of alternatives in the face of the identifiable problems. We feel that this might have been much more successful had we had the skillful leadership of someone doing group therapy, instead of ourselves.

Public Relations, Research and Publications

Mass. Medical Association Auxiliaries. Mr. Fultz appeared before the members of six or seven of the auxiliaries to the Massachusetts Medical Association giving an illustrated (audio-visual) lecture on Music Therapy, stressing the program at the Boston State Hospital. These were well-received. Other groups, such as church and educational groups also received such service. The Natick P.T.A. of the Cole School was one notable group of this sort. Woman's Clubs also invited him to speak before them.

Research. A carefully stated list of six groups of hypotheses related to our basic presuppositions and assumptions about the use of music therapy, have grown out of our study this year. These include hypotheses which we are trying to test in various ways, viz., (1) Hypotheses about Personality, (2) about Perception, (3) about Social Interaction, (4) about Behavior, (5) about Pathology, and (6) about Therapy.

Staff Seminar. Mr. Fultz presented a detailed account of one experimental study done this year on Changes in Self-Perception and Other Person Perception Observed During Music Therapy Sessions.

Publication. A paper read at the Ninth Annual Conference of the National Association for Music Therapy at Cincinnati, Ohio last October, was published in the Book of Proceedings, "Music Therapy - 1958". This was the work of Mr. Fultz on perception.

VOLUNTEER SERVICE DEPARTMENT

Paul G. Mavrides, Director

Throughout the fiscal year of 1958, the Volunteer Service Department established a program of ward parties and entertainment for our patients. On the average, 2 parties or dances are in progress daily on the grounds of the hospital. This represents a 70% increase of these activities from the previous fiscal year. Our mailing list has increased to fifteen thousand.

A large state hospital such as this one can provide only essential services, bare necessities. For small pleasures, gifts, and affection, volunteers are sought through the various media of communication.

If we were to estimate the value of the publicity received last year by the state institution in monetary value, we would arrive at a figure that is upward of \$100,000.

Clothing, games, and a great variety of gifts pour into the hospital all year round from volunteers. There are many bedside visiting volunteers, who are very busy helping our bed-ridden patients bear life a little more by talking with them and doing small but vitally important tasks for them, such as writing letters and reading to them. Many take the patients to the Boston Pops Concerts or the ball game. The officials of the Boston Red Sox permit our patients to attend all home games at Fenway Park.

Our Christmas appeal, "Adopt a patient", was an overwhelming success

Approximately 12,000 gifts were distributed. There were 87 Christmas parties during the week preceding Christmas. The Women's Auxiliary acts as hostess. Groups and individuals came from different parts of the state to bring in cheer to the patients.

The Musicians Foundation and Local #9 of the American Federation of Musicians send us one or two orchestras daily throughout the year. Many of them are big name bands and have given the patients a tremendous lift.

There are also many groups like the one headed by Mrs. Harry Anderson from Wellesley, who take over a building and give wonderful parties. The Veterans groups, such as the Suffolk County Council Auxiliary, United American Veterans Auxiliary, the Marion Visitors, Catholic Women, Protestant groups, the Community Friends, the Women's Auxiliary, Mr. Edward Larson of the Wellesley Townsman, who has sent out our plea through his newspaper, and a host of other individuals, groups and organizations responded generously. It is impossible to name them all here individually. These people have heard our plea and have given unselfishly.

Many persons would have turned out to help make the Festival of Fun a smashing success, but unfortunately the rain interfered. However, it was not a total loss. The publicity gained us new friends.

Our volunteers have helped recruit many others, and all together they help build excellent relations with the public on behalf of

the mentally ill. We hope that in time they will be instrumental in raising the standards of the state institutions.

PSYCHIATRIC DIVISION - James Mann, M.D., Director of Psychiatry

The departments in the division are as follows:

Reception Service - Men's	Edwin Davidson, M.D. Senior Psychiatrist
Reception Service - Women's	Melvin Kayce, M.D. Senior Psychiatrist
Men's Continued Treatment Service	James Kludt, M.D. Senior Psychiatrist
Women's Continued Treatment Service	Roger Boutin, M.D. Senior Psychiatrist
Medical and Surgical Service	Douglas Stratton, M.D. Senior Psychiatrist
Geriatric Service	William St. John, M.D. Senior Psychiatrist
Briggs Clinic	Max Day, M.D. Senior Psychiatrist
After Care Service	Davide Limentani, M.D. Chief Psychiatrist

Dental Department	Joseph Fleming, D.M.D., Dentist
Psychology Department	John Arsenian, PhD., Director to Psychological Research
Social Service Department	Elizabeth Eckhoff, M.S.S. Head Social Worker

Two major objectives during the past year were to increase respect for patients as a step toward developing their self-esteem and self-confidence and the extension of efforts at rehabilitation.

The rise of group therapy and individual psychotherapy increased over last year. The use of tranquilizing drugs of

many types was greatly increased. The number of patients showing need for occupational therapy, rehabilitation programs and social work services greatly exceeded the hospital's resources to provide them.

Electric Shock still found its place in the treatment program but was used fewer times than last year.

Considerable progress was made in opening doors. The number of patients on open wards increased from 30% to 45% by June. Next year the number on open wards may be expected to increase again.

We have selected the Men's Continued Treatment service to illustrate some of the kinds of changes taking place in the hospital.

COMPARISON OF TREATMENTS

	<u>1959</u>	<u>1958</u>
Surgery - Total operations	507	424
Major surgery	202	150
Minor surgery	305	274
Lumbar punctures	54	104
Electric Shock Treatments	609	1405
Number of patients	126	331
Anectine E. S. T.	932	1012
Number of patients	250	331
Psychotherapy		
Treatment Hours - Groups	1981	1836
Patients	1959	1664
Treatment Hours - Individual	6398	5851
Patients	741	802
Hydrotherapy Treatments	111	309
Patients	46	108
Insulin	None	None
Drugs - Total Units Prescribed	71,805	37,129

AFTER CARE DEPARTMENT - Davide Limentani, M.D., Chief Psychiatrist

During the year just ending several activities have been carried out as part of the aftercare program; these include:

1. the patient employee program, 2. group therapy with patients on trial visit, 3. follow up of individual patients by three members of the Visiting Staff, 4. follow up of individual patients by Social Service personnel (as it has been their traditional role with patients released from hospital), 5. consultant service by the chief psychiatrist whenever this has become necessary and has been requested.

A number of activities have been studied and discussed but no action has been taken about them for lack of personnel and of facilities. These include: 1. the day and the night hospital plans, 2. a rehabilitation - resocialization - residential center ("Fountain House" type), 3. the creation of a screening board to act as liaison with the Rehabilitation Commission.

The Patient Employee Program has been the one activity to which a great deal of attention has been given, and the one that has been outstanding in bringing together various professional hospital groups. The problems encountered in this program typify the problems met in the other activities, and I would like to use it as an example to discuss the general problems of the aftercare program, as it now exists.

The usefulness of the program cannot be measured in terms of the number of patients discharged through it. This number has been low indeed, and it would not warrant the expenditure

of the time and energy of 10-12 members of the hospital staff. The following additional assets have been partly realized, and I feel justify the continuation of the program. The program has been largely responsible for introducing the concept of work as a means of leaving the hospital in a more concrete way than it has been the case up to now. This effect has been felt in some of the back wards and by patients who had not expressed much interest in anything over a long time. Some patients left the hospital as soon as they came under consideration as good subjects for the program. The stimulating and motivating effect has also been felt among workers, mostly nursing personnel and employees in industries.

The program has undergone several changes that could be viewed as different phases. The first phase was the one in which the workers involved attempted to formulate what they wanted to do and how. There was a simultaneous attempt to communicate such thinking to the rest of the hospital. The second phase involved attempts to find patients who would fit into the program, which was very difficult to do. The feeling at the time was that no need could be found to make use of an available service. The third phase has come about because the supply of patients increased and the availability of "services" decreased so that a bottleneck has developed at the level where patients are to be let out of the program into the community. This has been almost the opposite of what happened at phase two, namely, now an awareness has grown that the available services were insufficient for the existing needs. In other words, there was an independent development in the availability and recruiting of patients (increasing) and availability of services (stationary or

decreasing) so that the success of the former created much frustration with the subsequent demand for discontinuation of the program. Though this had been realized right along, the need for more time from more workers, possibly for people devoted full time to this program, now became an absolute necessity. This, if done, should increase the returns that we could expect from the program itself in terms of number of patients discharged. These characteristics: the question of the usefulness of a program, its development in phases, the difficulties in matching availability of services with needs of patients, the early excess of and later inadequacy of services have been present in the other areas of the aftercare program. This points to the conclusion that success of a program makes the need for more workers greater and that some success dooms it to failure if the need is not satisfied.

Some of the old questions have remained with us this last year: 1. Should the various activities that are part of the aftercare program be kept separate from each other? My feeling is that they should not in order to avoid reduplication of efforts. A patient does not need to be considered by different "committees," each devoted to a different program (P.E. program, Family Care, referral to Rehabilitation Commission, discharge on trial visit, etc.). One group of workers should be able to meet and decide on a course of action to be followed for each patient.

2. Should an aftercare program be built up as a unit independent from the other hospital services? My feeling, again, is that it should not in order to avoid isolating the "hospitalization" from the "trial visit" phase of the patient's

experience. This would have untoward effect on the patient, he would see himself suddenly cast in a different role and being dealt with by new people with new ideas. It would also have an untoward effect on the effectiveness of the personnel since they would be prevented from making full use of their knowledge of the patient while he was in the hospital.

In addition, separating in-hospital from aftercare services is bound to result in difficulties among workers in areas such as: 1. responsibilities to the patient from each of the two groups, 2. disagreement about the patient, his progress, his capacity and his needs --- "passing the buck" has been a common occurrence; patients have not been properly evaluated and prepared for release from the hospital when this was going to be carried out by somebody else.

There is need for additional personnel. Without the availability of social workers, counseling psychologists, industrial workers, etc., our effectiveness is bound to be quite limited. At present though the need for a secretary is even more important, and the lack of one limits the use of the facilities available and of those members of the regular hospital staff who are willing to give some of their time to the aftercare program. We need a record room service and files of active patients in order to keep together essential information about them. Eventually, though, the hospital will have to reconsider the present system of priorities and decide if the aftercare program should be raised to the level of "service," and if it should share the available hospital facilities as the other services do at present.

ANNUAL REPORT OF THE SURGICAL DEPARTMENT OF THE BOSTON STATE
HOSPITAL 1958-1959 - Alexander J. A. Campbell, M.D., Surgeon
in Chief

The following is the statistical report for the past year:

<u>OPERATIONS</u> - <u>MAJOR</u> - 202		<u>MINOR CASES</u> - 305	
General	137	198	
E.N.T.	1	16	
Orthopedic	24	32	
Genitourinary	23	36	
Dental	0	5	
Neurosurgical	3	2	
Gyn.	4	13	
Eye	3	3	
Chest	5	0	
Plastic	2	0	
<u>CLINICS</u> - Surgical, Staff		48	429, Patients
Surgical, Residents		44	302 "
E.N.T.		12	90 "
Orthopedic		12	91 "
Genitourinary		18	57 "
Fractures		36	106 "
Neurosurgical		3	12 "
Eye		23	242 "
Thoracic		8	23 "
<u>WARD ROUNDS</u> - Surgical		50	
Orthopedic		29	
Genitourinary		12	
Neurosurgical		21	
Eye		7	

During the year there have been the following accomplishments:

1. The approval of the Operating Room Suite by the Joint Commission on Accreditation. A representative from the Joint Commission on Accreditation checked techniques, equipment, records, pathology and bacteriological reports and we were approved.
2. The appointment of a full-time Anesthetist. We now have a well-trained Anesthetist for all surgical cases and for shock therapy. This provides for twenty-four hour coverage and advance planning of the Operating Room schedule.

It is hoped that investigative work, when outlined by the Anesthetist, will have the approval and support of the Research Committee of the Hospital.

3. The appointment of an Operating Room Supervisor.

Since the last yearly report, there has been the appointment of an Operating Room Supervisor who is responsible to the Chief of the Division of Surgery. It is most essential that a quota of trained personnel be maintained in the Operating Room at all times and their assignments should be limited exclusively to the Operating Room Suite for many surgical reasons. In the future, it is hoped that there will be adequate opportunity for them to attend meetings, to study, and visit and observe in other hospitals.

4. The approval of our safety standards by the Boston Fire Department. The Boston Fire Department has inspected the Operating Room, approved its safety standards and signed permits for all types of anesthesia and gases to be used.

5. The improvement of aseptic techniques. Bacteriological studies are being performed monthly on furniture, sterile goods, autoclaves and personnel. Cleaning with antiseptic detergents has been instituted. With proper teaching, cultures, change of antiseptic solutions and cleaning methods, the bacterial count has been lowered. To insure the protection of patients against infection, all visitors entering the Operating Room must be gowned and masked. A large problem still exists; namely, a poorly functioning air conditioner and exhaust fans in the Operating Room proper which are sources of contamination when not functioning properly.

6. The purchase of some essential equipment. Some equipment has been acquired but there is still a great hiatus between what we have and what we need. Our needs are:

- a. A Pace Maker with Monitor in the Operating Room
- b. A new instrument sterilizer
- c. Correction of faulty air conditioning and ventilation in O.R.
- d. Duplication of certain instruments used in diagnostic procedures which cannot be carried out if instruments are off for repair. Also special instruments used by dental and eye surgeons and in gastroenterology are brought to the Hospital by the doctors themselves; we hope that in the not too distant future it will not be necessary for them to do so.

7. Library - A nucleus of books for a small library for the Operating Room Suite has been obtained. We are in need of some book cases, and current periodicals and systems of surgery should be brought up to date for use by the doctors and nurses.

8. The introduction of monthly meetings of the Surgical Nursing Service. Monthly meetings have been organized and are attended by the Resident Surgeon and the Surgical Nursing Service. The surgery of the preceding months is reviewed. Control of infection, nursing problems, aseptic techniques are discussed. Films, slides, panel discussions are planned. This program has excellent possibilities and must be encouraged and supported as an important adjunct in teaching, in

better Operating Room techniques and in creating better understanding and a liaison between the various Divisions.

Since my last report, we have expanded our work in the fields of Vascular and Genitourinary surgery which is progress. The shortage of graduate nurses, psychiatric nurses and trained attendants continues to plague us and limit our effectiveness, particularly in pre- and postoperative care.

Within the next fiscal year, we look forward to the following:

1. The reorganization and extension of the Medical Division. The awakened interest in the enlargement and greater activation of the Medical Division represents a major progressive step in the further development of good patient care at the Hospital. A good Surgical Division requires a close association with a medical unit. Also the possibility of Medical teaching is implied here.

2. Long overdue expansion by the X-ray Department. This Department needs more room, equipment and secretarial help. At present, this Department is inadequate for the needs of the Hospital and our program is carried on under difficulties in this area. Completion of the O.R. X-ray Dark Room is also hoped for within the next year.

3. Increased Laboratory facilities. Each year we mention the deficiencies in this Department because it vitally concerns all the Divisions of the Hospital. There is urgent need here for evaluation and a long-range plan.

4. More Dental care for patients. Every patient who is scheduled for surgery should show evidence of good oral

hygiene and dental care. The best solution is the affiliation of our Dental Division with a Dental School; the benefits that would accrue to the patients are inestimable.

5. A Social worker for the Surgical Division.

It is most encouraging to note the devotion on the part of the Visiting, Resident and Nursing Staffs to the care of patients at the Boston State Hospital and the increasing interest on the part of the Beth Israel Hospital Surgical Service in their association with our Surgical Division. To all my grateful appreciation for their cooperation and their contributions in our work together. We, in turn, are extremely indebted to Dr. Walter E. Barton for his extraordinary efforts on behalf of the Surgical Division.

ANNUAL REPORT OF THE MEDICAL DEPARTMENT - Hyman Morrison, M.D.,
Physician in Chief

It has been my great privilege to have served as chief of medicine close to a decade and a half on the visiting staff of our Hospital initiated by your administration. This has given me ample opportunity to observe the outstanding progress in the care of the many intercurrent physical ailments of our large population of mentally ill patients calling for medical, surgical and specialty service, as well as in the more rapid mental rehabilitation.

The splendid hospital facilities in Building D with full-time medical and surgical supervision have strengthened the integration of the resident and visiting staffs. On the medical service the two consultation visits per week, one in the wards and one in the ambulatory clinic, have improved to a large degree the study and treatment of the patients referred from all departments. Consultation with all services is fully available during these visits and at any time in emergency. It is our judgment, based on experience this past year, that an additional visit per week would expedite clearance for electro-shock therapy, a procedure proved safe and more effective than the tranquilizing drugs.

Because the great majority of our hospital population is well past middle life, it is the vascular diseases (cerebral, coronary, renal and peripheral) which predominate in our wards. In the acute stages these diseases are managed efficiently both by the staff and the nursing personnel. However, when prolonged, specialized nursing care is needed; these patients

break down with distressing malnutrition, decubitus, fractures, congestive heart failure and terminal pneumonia.

There were 342 deaths in the Hospital during the year ending June 30, 1959, with 140 cases coming to post-mortem examination (40.9%). As in former years the predominant diagnoses were general, cerebral, and coronary arteriosclerosis, fractures and carcinoma.

With the aging population increasing, the care of the aged is now a most serious general community problem. Its solution is the target of intensive geriatric research with the collaboration of the psychiatrist, sociologist, pathologist, nutritionist and clinician. Again our hospital is taking leadership and our community is recognizing it. May it help to make old age more comfortable.

Participation in the effort for ever-better care of our patients has indeed been a great privilege to me. It has come in large measure by my enlisting the cooperation of a fine group of men, who now headed by Dr. Samuel Stearns, the newly appointed Physician-in-Chief, will certainly give outstanding service to our hospital.

ANNUAL REPORT OF THE MEDICAL-SURGICAL SERVICE - Douglas B. Stratton, M.D., Senior Psychiatrist

As in the past the Medical-Surgical Service has continued to be a very active one. Some of the difficulties encountered on the opening of the building and some of the deficiencies in equipment have been adjusted. Scales were obtained for the wards, instruments for the operating room, and other minor equipment not obtained when the building was opened have now been received.

There were 1,426 admissions to the Service, including 233 new admissions to the hospital. There were no serious epidemics or contagious diseases and most of the deaths continued to be attributed to cardiac disease, cerebral accidents and terminal pneumonia. The various departments are well covered in their reports as far as statistics and pertinent information is concerned. For example, there were 774 electrocardiograms, 13 basal metabolic rates and 63 electroencephalograms performed. A total of 4,347 were examined in the X-Ray Department, a figure which includes repeat films on some patients. The D Clinic has continued to expand for both patients and employees. A noteworthy event in the T.B. Unit was the transfer of eleven female patients to the Westborough State Hospital and the closing of the female division. In the future female T.B. suspects and active cases will be sent to the tuberculosis section at Westborough. It is planned that they will take male patients also as soon as vacancies develop. Up to the present time, however, no male patients have been transferred.

The Medical-Surgical Service was approved as an accredited hospital in October of 1958 by the Joint Commission on Accreditation, one of the few psychiatric hospitals to be so approved in the country.

There were several changes in the Consultant Staff during the year. Dr. Samuel Stearns replaced Dr. Morrison as Chief of the Medical Staff and five new physicians were added to the medical staff. Dr. Francis McCarthy and Dr. Francis Rackemann were placed on Honorary Staff Member status. The former anesthesia staff was dropped and a permanent anesthesiologist appointed. This became effective in November 1958.

Preparation was made for transfer of some twelve patients to the Cushing Hospital, a project on which we have worked for some time.

The major problems on the service continue to be the chronic bed and chair patients who, at times, seem to monopolize the bed situation and interfere with the care of new patients on the active medical and surgical wards, and the need for additional personnel. Additional clerk-typists are urgently needed with the establishment of a senior position to take care of the dictation for the Clinic and Out-Patient and X-Ray Department. A social worker assigned to this service on a permanent basis is also urgently needed. The shortage of professional nurses on such an active service is desperate. Only six floor duty nurses are available to care for 300 patients. Licensed practical nurses are the mainstay at present. Unless salaries paid by the State to R.N.'s are raised to meet competition of general hospitals in Boston, the nursing situation

will not improve. There is a need for a second psychiatric resident as well as for trained personnel in the technical departments, especially x-ray and the laboratories. The transport system (moving of patients from wards to x-ray, clinic, etc.) needs to be expanded to meet the increased use of the medical service. A start has been made with one man, but several additional attendants whose only function would be the transfer of patients from unit to unit are needed in order to relieve ward personnel of this chore.

Additional personnel is definitely needed to keep up with the ever increasing demands on this Service. Where adequate facilities are available they have tended to be used more and more by the rest of the hospital, more requests for lab work, x-rays, consultations, transfers and an ever increasing demand for medical and surgical care.

Meetings were held and thought given to the establishment of a statistical code system on the Medical-Surgical Service and perhaps on the psychiatric division of the hospital as well. Details of this still remain to be worked out.

ANNUAL REPORT - D, MEDICAL AND SURGICAL CLINICS, JULY 1,
1958 - JUNE 30, 1959

<u>CLINICS</u>	<u>DOCTOR</u>	<u>NO. CLINICS</u>	<u>NO. PATIENTS</u>
<u>Surgical</u>	Dr. Campbell	43	386
"	Dr. Mikal	2	19
"	Dr. Shedd	3	24
<u>Res. Surgeon</u>	Dr. Triedman	19	98
" "	Dr. Levenson	25	204
<u>Surgical Ward Rounds</u>	Dr. Campbell	47	
"	Dr. Shedd	2	
"	Dr. Mikal	1	
<u>Seen on Wards</u>	Dr. Kasparian	2	3
"	Dr. Flynn	4	8
"	Dr. Guralnik	1	6
<u>Medical</u>	Dr. Morrison	18	148
"	Dr. Stearns	10	84
"	Dr. Oppenheim	13	122
"	Dr. Rackemann	14	66
<u>Med. Ward Rounds</u>	Dr. Morrison	15	
"	Dr. Stearns	7	
"	Dr. Oppenheim	18	
"	Dr. Rackemann	12	
<u>Geriatric Study</u>	Dr. Oppenheim	6	6
<u>Podiatry</u>	Dr. Thorner	86	1009
<u>Dermatology</u>	Drs. McCarthy	24	228
<u>Orthopedic</u>	Dr. Bragdon	11	86
	Dr. Dignan	1	5

<u>CLINICS</u>	<u>DOCTOR</u>	<u>NO. CLINICS</u>	<u>NO. PATIENTS</u>
<u>Orthopedic</u>			
<u>Seen on Wards</u>	Dr. Bragdon	27	102
"	Dr. Dignan	2	9
<u>Fractures</u>	Dr. Bragdon	5	
"	Dr. Friedman	8	
"	Dr. Levenson	15	
"	Dr. Basamania	8	106
<u>Eye</u>	Dr. West	10	106
"	Dr. Alpert	13	136
<u>Seen on Wards</u>	Dr. West (1 pt. seen 5 times Dec.)	7	10
"	Dr. Alpert	2	4
<u>Eye Grounds Examination</u>	Dr. West (Seen in B Bldg.)	1	11
"	Dr. Alpert	1	13
<u>Neurology</u>	Dr. Alexander	12	38
<u>Neuro. Surg.</u>	Dr. Starr	3	12
<u>Seen on Wards</u>	Dr. Starr	21	39
<u>Urology</u>	Dr. Hershman	8	24
"	Dr. Fischman	7	20
"	Dr. Brodny	3	13
<u>Seen on Wards</u>	Dr. Hershman	5	12
"	Dr. Fischman	3	7
"	Dr. Brodny	4	9
<u>E. N. T.</u>	Dr. Wilker	12	90
<u>Employee's Physicals</u>			
	Dr. Parker	23	140
	Dr. Sevenduk		
	Dr. Yuen		
	Dr. Harrison O'Connor		

<u>CLINICS</u>	<u>DOCTOR</u>	<u>NO. CLINICS</u>	<u>NO. PATIENTS</u>
<u>Eye Glasses</u>	Mr. Hulett	15	144
"	Mr. Campbell for Mr. Hulett	7	55
<u>Emergency Treatment</u> (Patients)	Dr. Campbell		4
	Dr. Morrison		2
	Dr. Stratton		11
	Dr. Friedman		17
	Dr. Levenson		57
	Dr. Basamania		48
	Dr. Parker		7
	Dr. Oppenheim		1
	Dr. Flynn		3
	Dr. Yuen		3
	Dr. H. O'Connor		2
	Dr. Sevenduk		9
	Dr. Bragdon		1
	Dr. Lynch		1
<u>Employee's Sick Call</u>			
	Dr. Stratton		363
	Dr. Parker		121
	Dr. Yuen		80
	Dr. Sevenduk		54
	Dr. McCarthy		13
	Dr. O'Connor		5
	Dr. Campbell		23
	Dr. Levenson		9
	Dr. Basamania		11

<u>CLINICS</u>	<u>DOCTOR</u>	<u>NO. CLINICS</u>	<u>NO. PATIENTS</u>
<u>Employee's Sick Call Cont.</u>			
	Dr. Triedman		5
	Dr. West		1
	Dr. Rackemann		1
	Dr. St. Jean		1
	Dr. Mikal		1
	Dr. Morris		3
	Dr. Oppenheim		1
<u>Food Handlers</u>			
Phy. (Annual)	Dr. Rothman	8	28
<u>Psychosomatic Teaching</u>			
	Dr. Morris	19	19
<u>Thoracic</u>	Dr. Lynch	7	21
	Dr. Madoff	1	2
<u>Hematology</u>	Dr. Maloney	1	2
<u>Endocrinology</u>			
Seen on Ward	Dr. Gargill		1
<u>Plastic Surgery</u>	Dr. White		2
<u>Casts Changed</u>	Dr. Bragdon		1
	Dr. Levenson		5
	Dr. Basamania		2

ESCAPES AND ABSENCES WITHOUT AUTHORITY

July 1, 1958 to June 30, 1959

	<u>Total Escapes and AWA</u>	<u>Escapes</u>	<u>Return from Escape</u>	<u>AWA</u>	<u>Return from AWA</u>
July	66	15	15	51	68
Aug.	54	11	10	43	41
Sept.	65	9	7	56	56
Oct.	58	13	12	45	58
Nov.	61	22	17	39	41
Dec.	53	7	6	46	38
Jan.	30	5	7	25	39
Feb.	44	8	9	36	33
March	65	20	19	45	49
April	104	18	13	86	82
May	130	20	18	110	108
June	<u>110</u>	<u>27</u>	<u>21</u>	<u>83</u>	<u>87</u>
Total	840	175	154	675	700
1958	750	183	172	567	623

The number of patients on escape is smaller than last year. AWA has increased. It is likely that errors in reporting listed some returns from escape as returns from AWA. Nearly all patients who leave without permission are returned promptly. Note the seasonal variation.

WOMEN'S CONTINUED TREATMENT SERVICE

Roger Boutin, M.D.
Senior Psychiatrist

I. During the past year the A Building has continued to receive female patients from the Reception Service for active therapy. Efforts have been made to enhance active care by removing from the building many chronic patients who were poor risks for rehabilitation. A considerable number of patients have been followed for after care by the doctor and social worker to insure their continued residence outside of the hospital.

In the rest of the Women's Service efforts have been concentrated mainly in three major areas.

I. Follow up of out-patients. 30 to 40 patients were followed in after care throughout the year, either individually or in groups. 75% of these are still out of the hospital. We have found after-care service to be essential in dealing with those who have been hospitalized for years.

2. L2 has continued to be the most active treatment ward in the Women's Service, and has functioned effectively. The activity program was well planned. Mixed parties were also successful with men invited from the Men's Continued Treatment Service. Outside trips were also organized by a newly formed patient-government. Weekly meetings of patients and of the staff with the ward doctor were held. The efficiency of this program was seriously impaired by the departure of the social worker. However, by the end of this year 34 out of 39 patients on the ward were working, many of them at gainful jobs on the outside.

3. A survey was made by the doctors on the Service indicating that the greater number of our patients were poor candidates for rehabilitation because of factors such as age, length of stay in the hospital and lack of relatives interested in them and able to take care of them. Attempts were made to make the lot of these patients more bearable while still offering them opportunities for further rehabilitation. However, they showed no signs of response. P2 ward for regressed women was re-organized and the standards of patient's care considerably improved. A reading van program was appreciated by the patients. P1 was made an open ward without serious difficulty. Other wards will be opened shortly.

We hope that in the near future to have only one closed building on the service of 1,000 women.

Industrial therapy has been coordinated under the direction of an occupational therapist who has helped with the placement of patients in jobs outside the hospital (over and above the call of her duty) because there was no social worker available.

We have been fortunate also in obtaining the services of a volunteer social worker, Mrs. Cruft, who has shown her ability to do a tremendous amount of work in the three days a week she is with us.

A library was organized for the patients in a wing of the East Chapel and was found very useful both to patient readers and to the patients who worked there as librarians.

MEN'S CONTINUED TREATMENT SERVICE

The contents of this report will cover the period of 1 January 1959 to June 1959. This is the period of time during which Dr. Kludt served as Senior Psychiatrist.

A. Open wards.

The Male Security Ward, I Building, was opened in February 1959. This was done cautiously at first, during certain prescribed hours of the day, and in the ensuing months. In June 1959, wards 11 and 12 became open wards.

B. Activity Program.

During the period of this report, there has been an obvious increase in activities on this Service. Such activities were noted not only on the ward level (ward parties, ward dances, field trips, etc.), but in concerted building efforts as well. For example, in the early months of 1959, an art exhibit was held in the I Building, displaying the combined artistic efforts of patients on the I Service through the medium of the I O.T. This exhibit was open to the patients of the hospital during one afternoon and was well received. In addition, an Open House was held the same evening with patients as hosts and Boston State Hospital Staff and their wives as guests. In the H Building, during the early months of 1959, there was a grand opening of the H Building Library, the culmination of a good deal of effort by the personnel in this building.

The major activity during the period of this report has been the establishment and, to date, fulfillment of the West Male Service Softball League. This Softball League is composed of approximately 60 patients on the West Male Service and is composed of 4 teams--2 from I Building and 2 from H Building. Patients from the Cottages, J and K, also participate in this Softball League, and such patients are interspersed amongst the 4 teams.

C. West Male Service Bulletin.

Weekly publication of a Service Bulletin was begun in March 1959. This Bulletin announces the schedule of weekly activities as well as announcements of interest to patients on this Service. This Bulletin is published weekly and distributed to every patient on the West Male Service. In conjunction with this publication, individual mail boxes were built for each patient on the Service. (Due to material shortage, final completion of all mail boxes in the H Building has not been accomplished at this time.) These individual mail boxes were tacked with patients' names, in line with an effort to "give the patient back his identity".

D. The Junior League of Boston inaugurated a program of informal group work in May of 1959. Meetings held on alternate weeks provided continuing program for 25 patients.

PSYCHOLOGY DEPARTMENT - John Arsenian, PhD., Director of
Psychological Research and
Head of the Dept.

PSYCHOLOGICAL TESTING:

Wechsler Bellevue - - - - -	166
WAIA - - - - -	110
Goldstein-Scheerer - - - - -	1
Rorschach - - - - -	290
Bender Gestalt - - - - -	265
Draw-a-person - - - - -	230
Cole Animal - - - - -	34
Sentence Completion - - - - -	336
Wechsler Memory - - - - -	68
TAT (Thematic Apperception Test) - - - - -	76
Porteus Mazes - - - - -	99
Color-naming - - - - -	96
Imagination - - - - -	1
Aphasia - - - - -	3
TOTAL NUMBER OF TESTS ADMINISTERED	1,775
TOTAL NUMBER OF PATIENTS TESTED	392

OTHER ACTIVITIES:

Group therapy	330 hours
Individual therapy	526 hours
Teaching	165 hours
Supervision	175 hours
Research	314 hours
Administration	64 hours

The Psychology Department had a modestly successful year.

Most of our time and energy appropriately went to service activities - psychodiagnostic testing and supervised individual and group psychotherapy. In the area of teaching we were able both to make use of and to serve advanced graduate students from Boston and Harvard Universities. These 25 students spent many hours with patients administering tests and were given instruction in their interpretation and integration with life history materials.

Outside the hospital the department head "stood in" as director of the training program for NIMH post-doctoral fellows in psychology at M.M.H.C., twice was speaker at seminars at the Worcester State Hospital, served as a group leader at the Third Annual Institute for Group Psychotherapy at the Chelsea Naval Hospital, and spoke to a Hingham ladies' club on hypnotism.

Within the department, we suffered the loss of Olof Johnson at the Briggs Clinic replacing him with Mr. Lowe from the hospital staff. Mr. Lowe successfully completed all his work for the doctoral degree in psychology at Boston University, taking his degree in June. The hospital merits credits in this as subjects for his study on different defensive reactions to anxiety in a learning situation were student nurses. Two other research studies toward doctor dissertations, one at Boston University and the other at Harvard, were also aided by the hospital's provision of access to patients who served as subjects.

The chief obstacle to expanded service continues to be the limited number of positions for psychologists in the

hospital's staffing pattern and the salary structure which, despite the Barrington Plan boost, has fallen behind other states. For example, Dr. Lowe now has offers of positions at salaries two to three thousand dollars more than he is currently getting and although he wants to stay with us it is difficult to resist these offers.

The most exciting event of the year was the favorable response given to a proposal for a future budgetary provision for a substantially increased number of psychologists. Whereas the Psychology Department at the hospital proper now has two positions, the proposal calls for one each for every major service, 2 Reception Male and Female, 2 Continued Treatment Male and Female, 1 Geriatric and several psychologists to be assigned to buildings in the East Group where continued treatment is handicapped by the rapid turn-over of psychiatrists. While these numbers and allocations are not exact, the general idea calls for a substantial increase in the size of the Psychology Department. This would advance the hospital's reputation as a training center as well as help provide for better and more efficient service to patients.

SOCIAL SERVICE DEPARTMENT - Elizabeth Eckhoff, M.S.S.
Head Social Worker

Changing treatment methods, increased hospital admission rate and earlier discharge of patients have profoundly affected the work of the Social Service staff, the organization of the department, and emphases in our program. Increased work pressures resulting from expectations of the hospital medical staff, needs of patients and their families, and concerns from the community about patients and their families, have tremendously increased the volume of requests for social service help. Handling these requests has been a major concern of individual workers, the secretarial staff who often receive the initial request, and the department head who must attempt to assign available staff most effectively.

Some improvement this year in our working contact with the clinical director and senior physicians has made possible some beginning consideration and improvement in the way the hospital uses the limited social services available. The Social Service staff feels almost overwhelmingly that their skills are not being used to the best advantage by the hospital, and are feeling frustrated by lack of integration in the total treatment program of the hospital. This situation has been a major concern of the department and one we plan to increasingly consider with the clinical director. Notable progress has been made on the Geriatrics Admission service, as described later.

As pressures on the staff have increased over the last two years, we have begun to define some of the factors which affect effective use of the social work staff available. Major factors

and steps taken, as well as steps indicated for the future follow:

1. Inter-professional working relationships and coordination on all levels within the hospital.

Some improvement has been made through periodic meetings between the heads of the Social Service, Nursing Service and Occupational Therapy departments and through more regular contact with the Clinical Director and Senior Physicians. Further coordination on the administrative and program-planning levels as well as on the service levels, is essential for better integration of the department's work in the hospital treatment program. On the Geriatrics Service, excellent results have been achieved through weekly conferences between the Social Service staff (including the Department Head) and the Senior Physician. Similar meetings on other services might prove profitable.

2. Definition and interpretation of what social work is and its place in the hospital setting.

Severe discrepancies between the expectations of the medical staff and the actual functions of social work have led to a large proportion of poor referrals and make constant review, interpretation and clarification of policy necessary. Methods of teaching medical staff how to make better use of the social work services available have been considered and tentative plans have been made. The Social Service policy statement needs thorough revision and will be given more consideration during the next year.

3. Availability of experienced and skilled social work supervision which can include consideration both of treatment and of

administrative aspects of social work within the hospital.

This is a serious lack in the department as such highly-qualified persons are not available generally at our salary levels. The problem can be met effectively through budgetary provisions, by raising personnel standards and salaries considerably and by providing additional position titles at higher levels. The Head Worker has done considerable work on staffing problems at supervisory and other levels with a committee formed within the Department of Mental Health; this committee has recommended job levels with qualifications and salary scale commensurate with the skill of the worker and in accord with the recommendations of the National Association of Social Workers. It is recommended that the minimum requirement for Psychiatric Social Work positions be a Master's degree from an approved graduate school of social work, and three levels of advanced casework, supervisory and administrative positions should include provision for specialties such as staff and student education, research, group work, and community organization. A case-aid or training position with a time limit of two to three years should be instituted.

In the meanwhile we have relied heavily on supervision on a consultant basis. This has been an extremely helpful stop-gap measure and presents certain advantages and disadvantages. We are able to hire very skilled supervisors on this basis, securing top rank Psychiatric Social Workers in the Boston area. However, since they are not an integral part of the hospital, they are in no position to handle administrative problems which arise; communication between these consultants and the head of the department is essential but only partly

answers the problem since the Head Worker must spread her time too thinly over too many services to handle many details. We depend heavily on these consultant-supervisors to assure skillful case-work services to the patients and families we serve. The consultant-supervisors employed during the year have included:

Phyllis Rolfe, Head Psychiatric Social Worker on the Research project in Home Psychiatric Treatment

James McCracken, Chief Social Worker at the Thom Clinic

Martha Vorenberg, recently Director of Psychiatric Social Service at the Massachusetts Memorial Hospital Psychosomatic Clinic

Eleanor Gay, Chief Supervisor of Psychiatric Social Work at the Boston V.A. Mental Hygiene Clinic.

4. Appropriateness and timing of referrals for social work and coordination of social work evaluation and planning with total treatment of patient.

During the past two years the need for early social evaluation and treatment-planning has become acute particularly on the admitting services. It is our firm belief that rehabilitation of hospitalized patients begins in the admitting room, or even earlier. It is impossible for us to plan with patients for discharge if we begin the day before the patient leaves; we have no information on which to base an evaluation since there is little or no social information available in the record and there is no time for adequate evaluation, let alone planning. We often receive referrals too late to be of any help to the patient. These circumstances led to a four-week exploratory study in the Admitting Room in the Spring of 1958. This study has given us considerable information on the values to the patients and their families of our seeing them at the time of admission.

RECEPTION SERVICE: Four staff members on this service are extremely inadequate to cover this service adequately. Drastic revision needs to be made in our method of getting referrals and contact beginning in the admitting room is essential to providing good service here. At least two additional Psychiatric Social Workers and at least one supervisor are necessary.

GERIATRICS SERVICE: The gradual increase in our personnel on this service during the last three years has resulted in placement of the majority of patients able to live outside the hospital and subsequent concentration on the admitting wards where the largest number of potentially placeable patients are to be found. With the addition to the staff of an experienced caseworker, and with an excellent working relationship between this department and the Senior Psychiatrist, it has been possible for us to institute a comprehensive and well-organized social work program with the opening of the new Geriatrics admission ward. Our plan includes seeing all available relatives of newly-admitted geriatric patients on admission or shortly thereafter, evaluating the potential of the patient and the family for possible return of the patient to the community, helping the family with their concerns and expectations about the hospitalization, and beginning social planning immediately as indicated while integrating our planning with that of the medical staff. Major organizational effort has gone into planning this program and we hope that it will serve as a testing ground as well as demonstration of the role of social work in all admission services. This has been the greatest improvement we have made during the year.

MEDICAL SERVICE: This service is given only part time service when available. A full time Psychiatric Social Worker is needed.

On the Medical and Geriatrics Services combined we have concentrated during the latter part of the year on clearing and preparing patients for transfer to Cushing Hospital. This is an extremely time-consuming process since the requirements are high and the burden of application for Old Age Assistance plus proof of eligibility falls on the Social Service Department. Patients can be placed in a nursing home, private home or other chronic hospital with much less investment of staff time than required by Cushing Hospital.

CONTINUED TREATMENT SERVICES: Minimal social services have been available during the year on both the Male and Female Continued Treatment services except in the A Building.

OUT-PATIENT DEPARTMENT: Although we have no personnel specifically assigned to work with out-patients, we have traditionally provided out-patient service to those patients we have known during hospitalization and to their families as indicated. With the addition of medical personnel to the out-patient staff, there has been a gradual increase in referrals to this department; the rapid discharge of large number of patients has also resulted in increased referrals to us from the community. Unless provision is made in the immediate future for at least one social worker for the out-patient department, we may be forced to remove a worker from another service to assign to out-patient work. Before this is done, however, a more careful evaluation of the requests coming to this department should be made. Methods of studying these requests will be considered early in the Fall of 1959 and some exploratory study with assignment of personnel part-time to this project may be made.

FAMILY CARE: During this year we have instituted a more adequate

screening process for referrals for Family Care placement. The results of this screening have been interesting particularly when viewed in relation to screening processes for various other programs within the hospital or the community. It is our belief that there are patients in the hospital who could benefit by community placements in a protective setting but that our method of finding these people is inadequate.

BRIGGS CLINIC: The Briggs Clinic operated with two Psychiatric social workers during this year, an improvement over the previous year when there was one vacancy on the staff.

Some special areas of interest in the Social Service Department should be mentioned. Relationships with community agencies have traditionally been part of the social service function in the hospital. Work pressures often limit our community contacts more than we wish. With return of more patients to the community, however, our contacts are increasing and we have made some effort, although not enough effort, to build our working relationships with the community. We have for over two years been aware of the needs to invite community people into the hospital to interpret hospital programs to help overcome some of the anxiety of both professional and non-professional persons about the psychotic patient in the community. During the year we have worked with the usual community agencies, including the Public Welfare Department, and Family and Children's agencies, medical agencies, etc. We have increased our contact with certain agencies, notably, Division for Older People of the Family Service Association, the Massachusetts Association for Mental Health, and the Social Service Committee at King's Chapel. This latter committee is a volunteer group with whom we have begun to work and will probably work more closely

during the next year. These people are interested in service which can be stimulated within the church group and has already begun to contribute by collecting books and magazines for various patient ward and service libraries in the hospital. We have submitted a long list of the types of contributions and services which this kind of a group might be able to assist with. Our hope is to gradually interpret to this committee and the church members some of the problems in the field of mental health and to gain their participation in social action. Such projects have worked successfully in other states and have resulted in vastly increased public concern, financial support of mental health and mental hospital programs. They have also been interested in the Boston State Hospital League, feeling that we could perhaps give some support to its development.

In summary we can say that we have taken a good look at what we are doing, have done some shifting of staff to the places where they might best use their skills. This has resulted in some dissatisfaction among the medical staff. We are acutely aware of the many unmet needs for service. We are particularly pleased with the development of the Geriatrics Admission service. Our method of functioning within the Reception Building and in relation to rehabilitation programs needs serious consideration and revision during the coming year.

RESEARCH DIVISION - James Mann, M. D., Director of Research
Consultants in Research - Roy G. Hoskins, M. D.

William B. Castle, M. D.

Elvin V. Semrad, M. D.

There continues to be extensive research activities at the Boston State Hospital. Nearly \$300,000 is the annual budget for the research program. It is financed largely from Federal and private sources. Boston State Hospital has become known as one of the principal mental hospital research centers in the United States. Concentration of effort in the field of psychiatry is most worthy as there are so many problems seeking solution. Much more money invested could help accelerate the needed investigative labors. Most urgently needed is a Director of Research to coordinate the various departments and to do the planning and development that now falls upon the Superintendent of the hospital.

There are eight departments functioning again this year in the Research Division:

1. Psychotherapy Unit - Psychological Research

(Called "Biochemistry of the Blood" by the State - an interesting billboard illustrative of government's resistance to change. The blood research ended here years ago. Apparently changing labels to describe current research would make waves on the government pond - the "Status Quo.")

This unit is state financed and has six employees, headed

by:

John Arsenian, Ph.D., Director of Psychological Research

John H. Porter, M. D., Senior Research Psychiatrist

2. Neurobiologic Research Department - Leo Alexander, M. D.

Director. The Multiple Sclerosis Research Clinic (staff 2) operates week days for one-half day with funds of the New England Foundation for Multiple Sclerosis. A monograph covering intensive research on nearly 500 patients treated for six years will be completed in a few months. Private and Federal funds are financing neurobiologic studies of chronic mental illness and response of patients to drugs.

3. Research in Rehabilitation, in cooperation with the Harvard School of Public Health.

Ralph R. Notman, M. D., Director of the In-Patient Rehabilitation Project. Career Investigator, with support from Federal funds. This study is completed. A monograph is in preparation.

Ozzie Simmons, M. D. Director of "Community Aspects of Rehabilitation" project, supported by Federal funds. Several publications were completed during the year and are listed at the end of this report. Validation of working hypotheses is now in progress on a large series of discharged patients.

4. Home Care of the Acute Psychotic, in cooperation with Boston University College of Medicine. Tobias Friedman, M. D., Director.

This exciting clinical study seeks to learn if acute psychotic patients can be successfully treated with the aid of a home visiting team that employs existing community resources for treatment. A report of progress was made during the year in April - to the American Psychiatric Association, annual meeting in Philadelphia, Penna. The study is financed by a Federal grant.

5. Geriatric Research, in cooperation with Boston University College of Medicine. David Blau, M. D., Director.

The study is directed toward learning as much as possible about aged patients admitted for institutional care as a basis for developing other ways for treatment than mental hospital admission.

6. Model Ward in Psychiatric Aide Training, in cooperation with Boston University College of Medicine.

The Director of this new project is to be named. Drs. Porter and Arsenian will supervise it. Funds have been provided by the Federal government. This will be a two year study in testing a method for training psychiatric aides.

A group of attendants will be placed in a "model ward" staffed with a highly trained team who will institute a group work program. The success of the experience will be measured on the wards to which the aides go after their intensive experience.

7. Clinical Research

Dr. James Mann and associates and Dr. John H. Porter and Dr. John Arsenian, in particular, are the principal investigators. Dr. Naomi Raskin conducts the laboratory research. Several studies completed are listed in the publications. Studies under way include E.E.G. and novocaine therapy in the aged patient.

8. Cooperative Research

Facilities of the Boston State Hospital are placed at the disposal of responsible investigators from other hospitals or from university departments.

Studies of the alcoholic patient continues under Massachusetts General Hospital staff members in the department of Dr. Raymond Adams.

The United States Public Health Service is conducting a mass experiment on the use of INH as a preventive agent in tuberculosis.

The McLean Hospital is studying social and cultural backgrounds of foreign born Italian patients.

Boston University continues its studies in the action of certain ataractic drugs.

Dr. Floyd Cornelison concluded his studies in self confrontation by means of Polaroid camera photographs and movies of Schizophrenic and psychotic patients. Dr. Cornelison has accepted the post of Assistant Professor of Psychiatry at the University of Oklahoma.

Psychotherapy - Psychological Research

John H. Porter, M. D., Senior Research Psychiatrist

A. Completed and/or Current Activities

1. Major Research Project - Shortly after January 1st, a conference was held with Dr. Peter Knapp, Chairman of the Research Committee of the Boston Psychoanalytic Society. He advised that, in preparation for a major research project with schizophrenic patients, it would be wise to spend at least six months investigating the types of research currently being carried out at various research centers and discussing these projects with the investigators. With this in mind, the following was done:
 - a. Conference with Dr. Knapp (as mentioned.)
 - b. Conference with Dr. Stanley Eldred, McLean Hospital.
 - c. Trip to Washington, D. C., spending time at the National Institute of Mental Health, St. Elizabeth's Hospital, and Chestnut Lodge discussing various research projects with Dr. Dave Hamburg and Dr. Lyman Wynne at National Institute of Mental Health, Dr. Donald Burnham at Chestnut Lodge, and Dr. Francis Waldrop at St. Elizabeth's Hospital.
 - d. Trip to St. Louis, Missouri, spending time at Malcolm Bliss Hospital discussing research activities with Dr. George Ulett and Laverne Johnson, Ph.d.
 - e. Reading and first draft of project which will be an analytically oriented project with schizophrenic patients aimed at determining the factors (primarily

in terms of ego structure and functions; significant for recovery or chronicity in patients who are acutely ill, receive psychotherapy, and, by usual standards of judgment, should have a "good" prognosis.

2. Clinical Trial of Drugs - Dr. Porter personally conducted a limited clinical trial with Nardil, a new anti-depressant drug. In addition, he sent out four memoranda to the staff physicians in which he attempted to collect, organize and disseminate information on new drugs available for clinical trial and on those which have received some sort of clinical trial in this hospital.
3. Psychological Examination Project - The initial work on a new Psychological Examination now in use at this hospital was completed during this period, and a request for a research grant was made to the National Institute of Mental Health. This was refused, but we were advised to resubmit the request after modifications were made.
4. Personnel Training - Model Ward Project - This project was written up and a request for a research grant was submitted to the National Institute of Mental Health and approved. The project is in the process of activation now.
5. Psychotherapy - For the past six months Dr. Porter has spent 11 hours weekly seeing hospitalized or former hospital patients in psychotherapy. The amount of time

with these patients will be decreased in the fall and at that time,
as part of his major research project, will begin seeing new patients
for an additional nine to twelve hours weekly.

NEUROBIOLOGIC UNIT AND RESEARCH CLINIC

Leo Alexander, M.D., Director

The past year has been one first of consolidation and then of further expansion of work begun previously in the fields of multiple sclerosis and that of polygraphic measurement in the study of conditional reflexes in man.

Final work on the multiple sclerosis statistical study has proceeded somewhat less quickly than had been anticipated due, in part, to the unexpected illness of Dr. Alexander which required his hospitalization for a slipped disc during July and August of 1958. It was also due to the vast amount of detail work necessary to put the "final touches" on the book, Multiple Sclerosis, A Nosometric Study. However, this work has now been accomplished and the first four chapters of the book are ready for publication. Judging from the continued flow of requests for further information regarding blood transfusion and ACTH treatment in the care of multiple sclerosis patients, it appears that the book will be very well received.

The multiple sclerosis research clinic has been re-opened on a small scale to study further possibilities for treatment of this illness and it is hoped that this clinic will again grow and be able to carry forward the research started in the past.

Clinical research using the polygraphic method for the study of conditional reflexes in man has progressed further during the past year with the main focus being study of the psychogalvanic

reflex responses before and after the administration of drugs as an aid to determination of drug effects on various psychiatric states. The drugs studied included meprobamate, benactyzine, phenothiazines and iproniazid and its analogues. Electroshock therapy was also studied as a means of comparison. Statistical evaluation was carried out and it was noted that drug induced changes appeared to fall into two groups: 1) improvement of various aspects of differentiation between the excitatory and inhibitory signals, without significant quantitative reduction in the responses to the excitatory stimuli as exemplified by meprobamate and benactyzine, and 2) marked quantitative reduction in the responses to all signals, without significant change in differentiation, as exemplified by chlorpromazine, trimeprazine and the amine oxidase inhibitors. These, and other findings, were put forth in two papers on the subject, namely Effects of Drugs on Conditional Reflexes in Man (paper presented before the American Society of Medical Psychiatry Meeting, Philadelphia, Pennsylvania, April 26, 1959) and The Effect of Amine Oxidase Inhibitors on the Conditional Reflex Activity in Man (before the meeting of the Eastern Psychiatric Research Association, New York City, June 6, 1959). (A complete list of the published papers and the speeches and addresses delivered by Dr. Alexander during the year will be found at the end of this report).

This work has been received with great interest which has encouraged us to broaden our base to include a more precise study of chronic schizophrenic patients. In order to do this, application has been made to the National Institute of Health,

Education and Welfare for a public health service research grant. The title of the grant application is Effects of Drugs on Conditional Reflexes in Man. This grant will enable us to carry out studies at the Boston State Hospital where the patient material includes many such chronic schizophrenics not usually seen in private practice. In anticipation of this grant, which is now pending, a second polygraph machine was ordered by Dr. Alexander for the Boston State Hospital. It has recently been installed and preliminary work has begun. It is hoped that staff physicians, who have already been most cooperative with us in this project, will be interested in the study and may be able to coordinate it with some of their own researches.

A HISTORY OF THE PSYCHIATRIC HOME TREATMENT SERVICE*

In 1954, Walter E. Barton, M.D., Superintendent, and James Mann, M.D., Director of Psychiatry of Boston State Hospital, concerned about increasing hospital populations, became interested in the idea of treating the patient in his own home as an alternative to hospitalization. Their interest was stimulated when, in 1955, at a Milbank Fund meeting, they heard Dr. Arie Querido discuss his home treatment program in Holland. They noted that the city of Boston was about as large as Amsterdam, Holland, where the service had originated, and they decided to explore opportunities for initiating a similar service.

THE PILOT STUDY

As a first step towards a home treatment service in Boston, a pilot study on pathways to the hospital was begun in the summer of 1956. The purpose of this study was to find out what is involved in hospitalizing a mental patient, and to determine if there is a point at which it might be appropriate to intercept and avoid hospitalization, with a possible alternative of offering home treatment. This study was carried out by Tobias T. Friedman, M. D., a psychiatrist who had earlier trained at Boston State Hospital, Miss Phillis Rolfe, a psychiatric social worker, and Mr. Fred Lowe, psychologist, both of whom were then on the staff of Boston State Hospital.

* Prepared by Phyllis Rolfe

Thirty patients and their families were studied. This population was chosen from the patients who were admitted to the Boston State Hospital during the month of July, 1956. In order to find out what might be encountered in visiting in the homes of patients where hospitalization was being contemplated, Dr. Friedman and Miss Rolfe visited the homes of those patients on the waiting list at the Boston Psychopathic Hospital during the first two weeks of August, 1956. (Boston State Hospital does not use a waiting list).

In brief, the findings of the pilot study, admittedly impressionistic, were that the process of hospitalization usually isolates the patient from his family and community, almost immediately setting up obstacles in the path of his being discharged. The patient was usually hospitalized when there was a crisis, often involving the police as agents to control the patient. There was, therefore, no time at that point to explore alternative plans. However, there was much delay and confusion between the time the illness was recognized and hospitalization was accomplished. Hospitalization was rarely part of a well-thought-out treatment plan; rather it was an emergency measure to handle the crisis. Any attempt by patient, family, or their family doctor to get help for the patient was very often frustrating and exceedingly difficult to accomplish. For example, patients were often too sick to respond to the mental health education in the community to learn what appropriate treatment facilities were available; and in addition, they were often too disorganized and unmotivated

to keep appointments at outpatient clinics.

Families and doctors of such patients were themselves partially responsible for postponing hospitalization because of their own feelings and attitudes toward the patient and the meaning his illness had for them. Each family, it seemed, had its own threshold of tolerance and for each something different forced their hand to hospitalize their relative. At the time of such an emergency, the only community facility able to help is the police surgeon who can be secured through the police department. Very few families studied had family doctors to whom they could turn at this time. At the point of hospitalization then, any interception to keep the patient at home would have been very difficult, if not impossible.

The investigators felt that if the patient had been seen at some time after the family recognized his illness, and before the crisis arose, it might have been possible to make alternative treatment plans. This was found to be true of the waiting list population where about half the patients might have continued to be at home if there was a service available to them which could help make extensive treatment plans. The fact was that there was no service which could see patients at home who could not keep clinic appointments.

Establishing the New Service:

On the basis of these findings, Dr. Barton applied to the National Institute of Mental Health for a grant under the joint sponsorship of Boston State Hospital and Boston University.

The application requested support to establish a research program "to determine whether home treatment of acute psychotic reaction by an emergency psychiatric team is feasible; to learn what patients can be treated satisfactorily in the home, in an outpatient clinic, and what patients require ward treatment; to compare the progress of treatment in a home setting with that of ward care in similar cases; and to determine whether home care will decrease need for hospitalization."

When the application was approved, plans were made to initiate the program on September 1, 1957, and staff began their duties as of that date: Tobias T. Friedman, director; Phyllis Rolfe, psychiatric social worker, and Daniel Pertschonak, research psychologist. The program, named the Psychiatric Home Treatment Service, has been housed at Boston State Hospital.

Initially, the Psychiatric Home Treatment Service staff felt some reservations about being so closely connected with the State Hospital since there is always so much community prejudice against mental hospitals. The identification with a hospital has been minimized to some extent by installing a separate telephone. Identification is also minimized by our practice of doing most of the interviewing of patients and families in their own home, rather than inviting them to our offices.

At the end of November 1957, the staff decided not to do an intensive study of pathways to the hospital but rather to concentrate on the clinical aspects of the program. As part

of the latter, it was decided that Home Treatment Service would limit itself to a prescribed area of Boston. By concentrating energy in a small area of the city, the number of patients would be limited. It would be possible to educate and interpret to the community what Psychiatric Home Treatment Service was doing as well as permit an intensive, comprehensive study at this time. For this reason South Dorchester was chosen. It has a population of 80,000 people who are in the working class and lower middle-class groups. Most of the population live with their families in private dwellings. There was no large group of transients or socially isolated people and it was not a depressed area in which there would be a large overlay of gross social pathology.

By January 15, 1958, Home Treatment Service was ready to accept referrals. Administrative and clinical procedures had to be established for recording referrals and action taken for keeping records, staffing cases, etc. These procedure were worked out as referrals came in.

There was unexpected resistance by referring agents to the service. One of the early resistances from them was based on the notion that psychiatric intervention would make the patient worse and therefore it might be best to leave well enough alone. For example, one agency called about a case but then decided not to introduce the service to the family because everything was currently "quiet." Many professional people had resistance to identifying a person as mentally ill whose symptomatology was not grossly disturbing to himself or the community. This, they felt, would be the implication of referral to Home Treatment Service.

TABLE 1

Age and Sex of Patient Referred

<u>Age</u>	<u>Male</u>	<u>Female</u>	<u>Totals</u>
16-19	6	3	9
20-24	0	2	2
25-29	4	7	11
30-34	3	5	8
35-39 (Median)	2	5	7
40-44	2	2	4
45-49	5	6	11
50-54	2	6	8
55-60	<u>3</u>	<u>7</u>	<u>10</u>
Totals	27	43	70

TABLE 4HTS Diagnoses and Hospitalization After HTS Contact

<u>Diagnoses</u>	<u>Hospitalized</u>		
	<u>Yes</u>	<u>No</u>	<u>Totals</u>
Psychotic depression	4	3	7
Schizophrenic, acute	1	1	2
Schizophrenic, paranoid	9	1	10
Schizophrenic, others	4	4	8
Manic depressive	<u>1</u>	<u>1</u>	<u>2</u>
All psychoses	19	10	29
Psychophysiologic reaction	1	0	1
Neurotic depression	2	9	11
All other neuroses	3	5	8
Personality pattern or trait disturbance	1	10	11
Acute or chronic brain syndromes (alcoholism)	0	2	2
Sociopathic personality disturbance	1	0	1
Mental deficiency	0	2	2
Transient situational disturbance	0	4	4
No disorder	<u>0</u>	<u>1</u>	<u>1</u>
All nonpsychoses	<u>8</u>	<u>33</u>	<u>41</u>
Totals	27	43	70

We can conclude, then, that although the HTS does perform an emergency service function, at least as important is its function of temporarily relieving someone of at least part of the burden of a chronic difficult situation, rather than an acute one. From our referrals, we are apt to conclude that a flare-up has occurred in a chronically disturbed family; this flare-up or minor crisis has taxed the overburdened tolerance of someone within or without the family; this person seeks a resource to share the problem or to take it over completely; and he finds HTS to do this for him.

Mean number of home visits - just less than 7; median number of home visits - just less than 3. Total home visits for 48 closed cases - 326.

29 out of 70 patients were diagnosed as psychotic, but only 19 of these actually were hospitalized by us, the remaining 10 being maintained outside of a mental hospital. Although the intake of a mental hospital most certainly is not restricted to psychoses, it is possible to make a comparison between this group of psychotics and the total Boston State Hospital intake of South Dorchester residents, aged 16-60, in terms of the question of hospitalization. Of all these Boston State Hospital admissions, about 25 per cent are returned to the community within 10 days, and we can assume that many of these were not diagnosed as psychotic.* The HTS, on the other hand, maintained in the community about 34 per cent of all its psychotic patients. The comparison here is, of course, not of truly comparable populations; we do not have strictly comparable populations.

On the other hand, these figures do suggest that, in fact, the HTS can appropriately prevent hospitalizations. A more exact determination of that particular function for a home treatment service awaits an opportunity to deal with a truly comparable population. (We have made application for funds to address ourselves to the population of persons whose admission to Boston State Hospital is traditionally sought.)

*We have not yet had an opportunity to analyze the early Boston State Hospital discharges by diagnosis.

GERIATRIC RESEARCH - David Blau, M.D. Director

The increasing number of geriatric patients being admitted to mental hospitals throughout the country makes it imperative to understand the special problems of this group and to make maximum use of existing treatment facilities. The research project herein described grew out of the interest of Drs. Barton, Ehrenberg, and Hoskins, who were concerned with the influx of patients 60 years and older to Boston State Hospital. Their request for a grant to study the need for hospitalization in this age group was approved by the National Institute of Mental Health in 1958. This investigation was visualized originally as a comparative study of subjects drawn from different types of institutions for the aged, such as nursing homes, rest homes, and this mental hospital. Implicit in this research request was the question of whether or not geriatric patients with emotional disorders could be handled by services within the community, hence reducing the need for public mental hospital care. In addition, the inter-disciplinary team provided for in the grant was to study the needs and problems of these subjects.

As a first step, we investigated community resources such as out-patient psychiatric clinics and social agencies which are available to elderly people. The psychiatric clinics reported many cases of acute emotional disturbance following medical and surgical procedures. Psychiatric services were provided mainly for evaluation and brief treatment. On the other hand, the social agencies were mostly involved with people having family problems or financial difficulties. Relatively few oldsters with severe emotional disturbances were included in either of these settings. We wondered if patients who became hospitalized had

taken advantage of existing community facilities prior to their admission. Thus in the collection of material concerning the ways in which patients are sent to the hospital, we shall know how many of our patients were seen by social agencies; what role, if any, these agencies played in hospitalizing the patients; and what attempts were made by the agencies to provide for out-patient assistance?

The core questions which the Geriatric Hospitalization Project is attempting to answer, stated generally, are: first, what are the characteristics of a typical sample of patients 60 years and over who are admitted to Boston State Hospital? Second, what are the factors which contribute to the request for their hospital care? The first question involves identifying the range of psychological, social, and cultural patterns and problems of an in-hospital geriatric population, a necessary precursor to a comparative study. By this we mean that through study of the patient group, it is possible to isolate pertinent variables with which a non-hospitalized group could be compared in a subsequent research project.

In regard to the second question, those factors which lead to hospital care, our basic assumption is that hospitalization is multiply determined. Hence we are investigating two major classes of variables: the symptomatic behavior of the patient and the socio-cultural milieu in which this behavior takes place. By collecting information about these two general areas, we may be able to make inferences about the relationship between them, i.e. the ways in

which hospitalization can result from intra-psychic and environmental disequilibrium. This disequilibrium may have a long history, but we are concentrating upon the events which occurred three months prior to hospitalization, with careful attention to spelling out the exact sequence of these events. We have not attempted to set up hypotheses concerning the reasons for admission, but instead we are doing an exploratory study to answer the questions discussed above.

The present goal is to study 50 to 75 randomly selected people over 60 years of age, who are Boston residents, recently admitted to the Boston State Hospital. The patients are selected by a pre-established list of 75 random numbers taken from an estimated admission rate of 600 patients per year. The study will sample 10% of the geriatric patients admitted to this hospital between January, 1959, and April, 1960. The typicality of this sample will be validated against 200 consecutive admissions for whom demographic information is being collected.

The research staff consists of a psychiatrist, psychiatric social worker, psychologist, social anthropologist, internist, and 2 secretaries.

The psychiatrist conducts a series of 4 to 6 interviews with each patient and concentrates on the patient's feelings about hospitalization, the degree of emotional pathology present, as well as current and lifelong problems. An assessment is made

of the personality of the patients and the meaning of the specific behavior and symptoms which the patients display. The patients' ability to relate to others, particularly persons with whom they were living prior to disequilibrium. In addition, physicians referring study patients to the hospital as well as all other physicians who had contact with these patients in the past, are interviewed to obtain information about recent and past physical and emotional illness.

The psychiatric social worker interviews the persons with whom the patient was living prior to hospitalization to determine their attitudes toward the patient. Particular attention is devoted to the reasons for initiating hospitalization, and how this decision was made. Other persons who were consulted, such as social workers and police, are interviewed to understand their part in the decision to hospitalize the patient. The social worker concentrates on obtaining a detailed history of the patient's behavior and the environmental milieu in the 3 months before hospitalization. A life history of the patient is also obtained from the family and friends.

The clinical psychologist is concerned with the over-all research design of the project, as well as evaluating the intra-psychic functioning of the patient. Tests of intelligence, memory, organicity, and projective tests of personality are individually administered to each patient. The focus of this investigation is on cognitive functions, and major problem areas and defenses.

The social anthropologist is concerned with obtaining a picture of the patients' daily life as they perceive it, and comparing this with the social image held by other people. The patients are questioned about religious participation, social activity in clubs and other organizations, and friendship patterns. Friends, religious advisors, and family members are then interviewed to evaluate the patients' ability to participate socially in the community prior to hospitalization. Social interaction in the hospital with ward personnel and patients is also studied intensively to detect any changes resulting from hospitalization.

The internist is employed on a part-time basis by the project to conduct a complete physical examination of each patient so that an assessment of the role of physical disability and its possible relationship to the patients' hospitalization may be studied.

After gathering information about the patient, a joint interview is conducted by the project staff, with the patient and the key family members. The interview is structured around the problems which the patients and the people in their immediate environment have had with each other which were relevant to hospitalization. This interview often uncovers attitudes and information previously concealed in separate interviews, thus it has become one of the most fruitful tools of investigation. In addition, this gives the staff an opportunity to check their assumptions about the relationship between the patient and the key family members.

Following this interview, the project staff confers to integrate evaluations of the external pressures and the intra-psychic conflicts which seem to lead to hospitalization.

In addition to the intensive study of the patients in the random sample, more limited data is being collected on 200 patients admitted consecutively between January, 1959, and May, 1959, to obtain information on such variables as age, sex, religion, and the referring physician's description of patient's behavior which justified hospitalization. This group of 200 patients will be followed at 3 months and 6 months post-admission to obtain information on the release rates, death rates, re-admission rates, and to obtain data on the post-hospital adjustment of released geriatric patients.

In the work completed thus far, 19 patients have been studied intensively. Preliminary findings indicate that the majority of this group was severely disturbed at the time of hospitalization. Almost all were overtly psychotic upon admission, and had been severely ill for more than 3 months prior to admission. Before their actual admission, 11 of 19 patients had been seen by psychiatrists and other professional workers in the community, and hospitalization was recommended. This indicates that community resources were felt to be not suitable for these individuals. The project staff agreed that these cases all required mental hospital care at the time of admission. The long term aspects of illness is reflected in the fact that over 60% of the patients studied had previous psychiatric hospitalizations.

Those with functional psychoses usually had prior admissions before the age of 60. No patients displaying "organic" impairment had been hospitalized before the age of 60.

Physical disabilities are often noted in the group studied, but did not appear to be a major factor in the decision to hospitalize these patients. Particularly significant was the finding that only 4 of the 19 patients had been living alone before hospitalization. National statistics indicate that a much greater percentage of the geriatric population in the community lives alone. On the basis of psychological investigation it appears possible that this difference may be related to lifelong problems of dependency.

Physicians were ultimately responsible for sending patients to the hospital for observation, but subtle pressure was often applied by members of the patient's family. In almost every case, the family members when available, gave consent for hospitalization and had a major role in the decision to hospitalize the patients.

Preliminary findings with 100 patients studied 3 months post-admission shows a mortality rate of 20% in this brief period. About 30% of the patients were released from the hospital within 3 months. Of those released, 60% were reported as improved, and adjusting well in the community. The remainder were unimproved and several were returned to the hospital during the 3 month period. 50% of the patients remained in the hospital for more than 3 months.

The patients studied thus far have provided a rich source of information about the reasons for psychiatric hospitalization in the group over 60 years of age. Further data is necessary to describe the characteristics of the geriatric hospitalized population. More cases are necessary to understand the processes leading to hospitalization. Additional patients to be studied may shed light on the type of extramural facilities which this group could utilize.

The collection of data in our sample of 50 to 75 patients will not be completed until April, 1960. The study of 200 patients to establish demographic variables and to obtain information on the post-hospital adjustment, will not be completed until the spring of 1960. The many variables under study and the complexity of correlating these variables requires careful and detailed analysis of the data. Some of the data collected will require coding and subsequent analysis on I.B.M. cards. Much of the data, however, is more qualitative and requires lengthy consideration.

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(Patients for this study came from the Boston State Hospital).

LIST OF PAPERS AND LECTURES PRESENTED

- Alexander, Leo, M. D. "Chemotherapy, Electrotherapy and Psychotherapy of Depression", before the Academy of Psychosomatic Medicine, New York City, October 11, 1958.
- Alexander, Leo, M. D. "Psychiatry for the Layman", before the Men's Forum, Hopedale Unitarian Parish, Hopedale, Massachusetts, October 20, 1958.
- Alexander, Leo, M. D. "Available Forms of Psychiatric Treatment and Their Indications", before the Third Annual Meeting of the Eastern Psychiatric Research Association (in conjunction with the Institute of Psychiatric Treatment), Brooklyn State Hospital, Brooklyn, New York, October 23, 1958.
- Alexander, Leo, M. D. "The Roles of Religious and Secular Experience in the Production and Relief of Anxiety", before the Community Church of Boston, November 3, 1958.
- Alexander, Leo, M. D. "The Inert Psychasthenic Reaction Reaction (Anhedonia) as Differentiated from Classical Depression, and its Response to Marsilid", before the New York Academy of Science, New York City, November 20, 1958.
- Alexander, Leo, M. D. "The Role and Status of Physical Treatment in Psychiatry", before the Veterans Administration Hospital Staff, Huntington Avenue, Boston, Massachusetts, December 18, 1958.
- Alexander, Leo, M. D. "Brain Mechanisms and Functions", before the Connecticut Postgraduate Seminar in Psychiatry and Neurology, Connecticut State Hospital, Middletown, Connecticut, January 5, 1959.
- Alexander, Leo, M. D. "The Role and Status of Physical Treatment in Psychiatry", before the Bedford Veterans Administration Hospital, Bedford, Massachusetts, February 2, 1959.
- Alexander, Leo, M. D. "The Role and Status of Physical Treatment in Psychiatry", before the Staff of the Carney Hospital, Boston, Massachusetts, February 16, 1959.

Alexander, Leo, M. D.

Discussion of Mr. Joseph G. Pittman's paper on "The Nurnberg Trials", Before the Boylston Medical Society, Harvard Medical School, Boston, Massachusetts, February 18, 1959.

Alexander, Leo, M. D.

"Multiple Sclerosis", before the Student Nurses, Shepard-Gill School of Practical Nursing, Boston, Massachusetts, March 9, 1959.

Alexander, Leo, M. D.

"Depressions - Their Recognition and Modern Treatment", before the Ninth Annual Institute in Psychiatry and Neurology, the New Jersey Neuropsychiatric Association, Veterans Administration Hospital, Lyons, New Jersey, April 1, 1959.

Alexander, Leo, M. D.

"Effect of Drugs on Conditional Reflexes in Man", before the American Society of Medical Psychiatry Meeting, Philadelphia, Pennsylvania, April 26, 1959.

Alexander, Leo, M. D.

Discussion of Dr. William Fleeason's paper "Physiological, Psychological and Social Adjustment of Patients One to Three Years after Treatment with Intensive (Regressive) Electroshock", before the meetings of the American Psychiatric Association, Philadelphia, Pennsylvania, April 28, 1959.

Alexander, Leo, M. D.

"Integration of Physiodynamic Therapies in Psychiatry", Round Table Discussion, American Society of Medical Psychiatry Meeting, Philadelphia, Pennsylvania, April 30, 1959.

Alexander, Leo, M. D.

"Experiences at the Nurnberg War Crimes Trials", before the Staff, United States Army Hospital, Fort Devens, Massachusetts, May 13, 1959.

Alexander, Leo, M. D.

"The Effect of Amine Oxidase Inhibitors, including Niamid, on the Conditional Reflex Activity in Man", before the meeting of the Eastern Psychiatric Research Association, New York City, June 6, 1959.

Alexander, Leo, M. D.

"The Conditional Psychogalvanic Reflex as an Aid to Psychiatric Diagnosis" read (by title) before the Society of Biological Psychiatry, Atlantic City, New Jersey, June 13, 1959.

Barton, Walter E., M. D.	Addresses Royal Society of Medicine London, England on "Research in Rehabilitation". Addresses by Staff to Scientific and Lay Groups, September 27, 1958.
Barton, Walter E., M. D.	Addresses Superintendents of the 18 State Hospitals on "Observations on European Psychiatry", Northampton, Massachusetts, November 10, 1958.
Barton, Walter E., M. D.	Seminar Presentation on "Overview of European Psychiatry". Addresses O. T. group on "European Rehabilitation Programs", November 26, 1958.
Barton, Walter E., M. D.	Seminar at Massachusetts Mental Health Center on "Observations on European Psychiatry", November 28, 1958.
Barton, Walter E., M. D.	Addresses Staff on "Observations on European Psychiatry", December 2, 1958.
Barton, Walter E., M. D.	Addresses Community Friends of the Boston State Hospital, home of Mrs. William Jacobson, West Newton, on "Volunteer Services", December 11, 1958.
Barton, Walter E., M. D.	Addresses P.M.R. Staff, Brockton Veterans Administration Hospital, Brockton, Massachusetts on "Some Observations on European Psychiatry", December 16, 1958.
Barton, Walter E., M. D.	Addresses Research Staff on "Geriatrics' Care in Europe", December 17, 1958,
Barton, Walter E., M. D.	Addresses Columbia University Public Health Students in Hospital Administration on "Hospital Administration", New York Psychiatric Institute, New York City, New York, December 18, 1958.
Barton, Walter E., M. D.	Addresses Staff on "Geriatric Services in Europe", January 13, 1959.
Barton, Walter E., M. D.	Addresses Boston State Hospital League on "Advances in the Treatment of Mental Illness", January 19, 1959.

Barton, Walter E., M. D.	Addresses Brockton Veterans Administration Hospital on "Rehabilitation in Europe", January 21, 1959.
Barton, Walter E., M. D.	Addresses Bedford Veterans Administration Hospital on "Rehabilitation in Europe", January 23, 1959.
Barton, Walter E., M. D.	Addresses State Nursing Directors, Head Social Workers and Head O.T's at Walter E. Fernald State School on "Observations on European Psychiatry", February 3, 1959.
Barton, Walter E., M. D.	Addresses Bedford Veterans Administration Hospital Staff on "Rehabilitation Programs in Europe", February 16, 1959.
Barton, Walter E., M. D.	Addresses Harvard School of Public Health on "Trends in Psychiatric Treatment", February 24, 1959.
Barton, Walter E., M. D.	Addresses Women's Auxiliary on "Psychiatry in Europe", February 26, 1959.
Barton, Walter E., M. D.	Addresses Brockton Veterans Administration Hospital on "Research in Geriatrics", March 17, 1959.
Barton, Walter E., M. D.	Addresses Worcester State Hospital Staff on "European Psychiatry", March 18, 1959.
Barton, Walter E., M. D.	Addresses Bedford Veterans Administration on "Management of Failing Old Folks", March 20, 1959.
Barton, Walter E., M. D.	Addresses Staff of Westboro State Hospital on "European Psychiatry", March 31, 1959.
Barton, Walter E., M. D.	Addresses patients of Boston State Hospital on "Observations on European Psychiatry", April 20, 1959.
Barton, Walter E., M. D.	Addresses Third Annual Conference of Massachusetts Association for Mental Health, Hotel Somerset, Boston, Massachusetts on "Community Responsibility for Mental Health", April 21, 1959.

Barton, Walter E., M. D.	Addresses South End Medical Club, Boston TB Association on "Modern Treatment in Psychiatry," April 21, 1959.
Barton, Walter E., M. D.	Addresses Executive Committee of Massachusetts Medical Society, Harvard Club on "Clinical Psychologists and the Treatment of Mental Illness," April 22, 1959.
Barton, Walter E., M. D.	Addresses the Boston Kiwanis Club, Hotel Touraine, on "The Mental Hospital in the Community," April 23, 1959.
Barton, Walter E., M. D.	Serves as Moderator of Round Table on "Rehabilitation," American Psychiatric Association, Philadelphia, Pennsylvania, April 28, 1959.
Barton, Walter E., M. D.	Addresses Bedford Veterans Administration Hospital staff on "Rehabilitation Programs in Europe," May 8, 1959.
Barton, Walter E., M. D.	Superintendents meet at Danvers State Hospital. Dr. Barton gives illustrated lecture to patients on "Psychiatry in Europe," May 11, 1959.
Barton, Walter E., M. D.	Addresses Annual Meeting of South Boston Medical Society, Dr. Peter DiNatale, President, on "Observations on European Psychiatry," May 13, 1959.
Barton, Walter E., M. D.	Addresses Dorchester Kiwanis Club on "Community Psychiatry," May 26, 1959.
Barton, Walter E., M. D.	Welcome address to 31 new students who will spend 12 weeks in the Institute of Pastoral Care summer course under Rev. Judson Howard, June 1, 1959.
Barton, Walter E., M. D.	Boston State Hospital host to the State Society of Psychiatric Residents. Address on "Psychiatry in Europe," June 4, 1959.

Barton, Walter E., M. D.	Addresses South End Medical Club, Boston TB Association on "Modern Treatment in Psychiatry," April 21, 1959.
Barton, Walter E., M. D.	Addresses Executive Committee of Massachusetts Medical Society, Harvard Club on "Clinical Psychologists and the Treatment of Mental Illness," April 22, 1959.
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Barton, Walter E., M. D.	Boston State Hospital host to the State Society of Psychiatric Residents. Address on "Psychiatry in Europe," June 4, 1959.

Brody, Gerald, M. D.	Research Project - Modified Anectine EST in Geriatric Patients. This Project is still being evaluated.
Day, Max, M. D.	Addresses McLean Hospital on "The Issues Involved in Forming a Cohesive Therapy Group and the Setting Required to Train Group Therapists", April 10, 1959.
Day, Max, M. D.	Addresses Veterans Administration Mental Hygiene Clinic on "The Problems of Group Therapy", May 20, 1959.
Day, Max, M. D.	Conference Conducted on "Problems in Doing Group Therapy", at the Mount Auburn Hospital, Cambridge, Massachusetts, May 21, 1959.
Day, Max, M. D.	Addresses South Shore Guidance Center on "Problems of Group Therapy", June 11, 1959.
Friedman, Tobias T., M. D. Rolfe, Phyllis	Addresses Boston State Hospital Staff on "Report on Home Care Project", November 6, 1958.
Friedman, Tobias T., M. D.	Addresses Boston State Hospital Staff on "Home Care of the Mentally Ill" - European Programs - December 24, 1958.
Friedman, Tobias T., M. D. Rolfe, Phyllis Perry, Stewart E.	Addresses American Psychiatric Association, Philadelphia, Pennsylvania on "Home Treatment of Psychiatric Patients", April 27, 1959.
Friedman, Tobias T., M. D.	"The Psychiatric Home Treatment Service", one-day institute for psychiatric nursing students, Boston University, May 7, 1959.
Kayce, Melvin, M. D.	Addresses PTA Groups and Church Groups last fall.
Kludt, James, M. D.	Addresses Friends of the Boston State Hospital, March, 1959.
Kludt, James, M. D.	TV Appearance with a discussion on Mental Health, June, 1959.

Meetings Attended

Barton, Walter E., M. D.	September 27, 1958. Royal Medical Psychological Society Meeting, London, England.
Barton, Walter E., M. D.	January 14-16, National Institute of Mental Health, Special Grants Committee, Washington, D. C.
Barton, Walter E., M. D.	February 14-15. Joint Commission on Mental Illness and Health, New York City.
Barton, Walter E., M. D.	April 2-3-4-5. Group for Advancement of Psychiatry, Asbury Park, New Jersey
Barton, Walter E., M. D.	April 15-18, National Institute of Mental Health, Special Grants Committee, Washington, D. C.
Barton, Walter E., M. D.	April 27-30. Annual Meeting, American Psychiatric Association, Philadelphia, Penna.
Barton, Walter E., M. D.	May 16. Committee on Studies, Joint Commission on Mental Illness and Health, New York City.

Teaching Activities

The following programs of training were in operation throughout the year.

Medical

3rd year student groups from both B.U. Medical School and Tufts Medical School.

4th year clerical clerks, Tufts Medical School
g.p. resident, N.E. Hospital

10 Psychiatric residents in 1st year training

8 Psychiatric residents in 2nd year training

4 Psychiatric residents in 3rd year training

Nursing

15 hour intake training for all new aides in service training for nurses and supervisors. L.P.N. Training for all aspirants and licensees. Affiliate Nurse Training for nurses from 7 general hospital schools.

Field training for Masters Program Students.

B.U. School of Nursing.

Social Work

Field placement for students from B.U. and B.C. Schools of Social Work.

O.T.

Field Training for students from 5 schools including B.S.O.T.

Psychology

Students in Field work from B.U.

Music

New England Conservatory - Field placement in all 4 years of Training.

Theology

Seminarian weekly from St. John's.

B.U. Theology School weekly field training.

Institute of Pastoral Care, 35 students for 12 weeks.

All Employees

Two day orientation monthly. A high point in the weeks program is the Psychiatric Seminar held weekly on Wednesdays at 12 noon in the Reception Auditorium.

Purpose:

To introduce the leaders in psychiatry and the allied professions to our staff; to provide a broad staff education program through presentation of the important aspects of psychiatry and related fields of interest.

<u>Date</u> 1958	<u>Speaker</u>	<u>Topic</u>
October 1	Ives Hendrick, M.D. Past-President, American Psychoanalytic Association Director of Education, Mass. Mental Health Center Clinical Professor of Psychiatry, Harvard Medical College	Revisions in Facts and Theories of Psychoanalysis
October 8	Edward Daniels, M.D. Assistant Professor, Boston University School of Medicine Instructor, Harvard Medical College Senior Instructor, Tufts College School of Medicine	Further Developments in Group Therapy of Delinquents
October 28	Ralph W. Gerard, Ph.D., M.D., D.Sc. Prof. of Neurophysiology University of Michigan Ann Arbor, Michigan	Brain in Behavior
October 29	Combined Staff Meeting in the evening.	

November 5	Carl Binger, M.D. Consultant, Harvard University Health Service. Member, Board of Consultants, Mass. General Hospital. Editor, "Psychosomatic Medicine".	Existential Psycho- analysis
December 3	Stanley S. Kanter, M.D. Boston Evening Clinic	The Group Therapeutic Process
December 10	Dorothy McNaughton, M.D. Consultant on Training to James Jackson Putnam Children's Center	Childhood Schizophrenia
December 17	Francis Kelly, Ph.D. Director, Psychological Research Youth Service Div.	Mgt. of Juvenile Delinquents
December 24	Tobias Friedman, M.D. Director, Home Care Research Project	Home Care of the Mentally Ill
December 31	Francis Rackemann, M.D. Senior Visiting Physician Boston State Hospital	Why is Allergic Dis- order Rare in the Psychotic?
<u>1959</u> January 7	Francis West, M.D. Visiting Surgeon in Ophthalmology, Boston State Hospital	What the Psychia- trist Needs to Know About Disorders of the Eye.
January 14	Alfred O. Ludwig, M.D. Boston Psychoanalytic Institute	Psychoanalytic Con- tributions to Under- standing Drug Addiction
January 21	William F. Murphy, M.D. Staff Physician, Boston VA Hosp., Instructor & Member at the Boston Psychoanalytic Institute	The Associative Anamnesis in Ana- lytic Psychiatry
<u>Thursday</u> January 29	George E. Gardner, Ph.D., M.D. Director, Judge Baker Guidance Center	Variations in Psy- chiatric Management of Children as Com- pared with Adults
February 4	Harry C. Solomon, M.D. Commissioner, Department of Mental Health. Professor Emeritus, Psychiatry, Harvard Medical School	Psychiatric Rehabilitation

February 11	Peter A. Pepper, M.D. Manager, Brockton VA Hospital	Rehabilitation Techniques with the Mentally Ill
February 18	Ruppert Chittick, M.D. Supt., Vermont State Hospital Professor, Psychiatry, Univer-	Getting the Chronic Patient back into the Community
February 25	Ralph R. Notman, M.D. Director, Pilot Study in Rehabilitation, Boston State Hospital	Research in Psychi- atric Rehabilitation
March 4 - 11:30 A.M.	Felix Deutsch, M.D. Boston Psychoanalytic Institute	Correlations of Verbal and Non-Verbal Com- munications (with motion pictures)
March 11	Dana Farnsworth, M.D. Henry K. Oliver, Professor Harvard University Director, University Health Services President, G.A.P.	Concepts in the Treat- ment of Mental Health Problems of College Students
March 18	Charles A. Pinderhughes, M.D. Chief, Closed Ward Section, N.P., VA Hospital, Boston	Psychiatric Aspects of Segregation
March 25	Joseph D. Wassersug, M.D. Visiting Physician, Boston State Hospital	What the Chest X-Ray sees and Doesn't See
April 1	Philip Solomon, M.D. Asst. Clinical Prof. of Psychiatry, Harvard Medical School. Physician in Chief, Psychiatry Service, Boston City Hospital.	Sensory Deprivation
April 8 - 1:00 P.M.	Paul Yakovlev, M.D. Associate Prof., Neuropathology Harvard Medical School	Observations on the Status of Psychiatry and Neurology in Russia
April 15	Rev. Richard McCann, Andover Newton Theological School, Newton Center	Psychiatry and Religion
Tuesday April 21	Gerald Caplan, M.D. Associate Professor of Mental Health, Harvard University School of Public Health	Mental Health Con- sultation in Preventive Psychiatry

April 29	Charles G. Shedd, M.D. Senior Visiting Surgeon, Boston State Hospital	Some Recent Advances in Surgery
May 6	Ozzie Simmons, Ph.D., with Dorothy Mathews, M.S.W. and Howard E. Freeman, Ph.D., Community Health Project, Harvard School of Public Health	Community Aspects of Rehabilitation
May 13	Stanley H. Eldred, M.D. McLean Hospital, Waverley, Mass.	The Nature of Communication
May 20	Hudson Hoaglund, Ph.D., Sc.D. Executive Director, Worcester Foundation for Experimental Biology	Some Biochemical Aspects of the Psychoses
May 27	William Dameshek, M.D. Director, Blood Research Laboratory, New England Center Hospital. Senior Visiting Physician Boston State Hospital	The Affluent Society and Hematologic Disease
June 3	"Prescription for Better Hospital Procedures" "Bitter Welcome"	New film New film
June 10	"Psychiatric Nursing" Frances Lenehan, R. N. Discussant, Psychiatric Nurse Consultant, Department of Mental Health	New film Nurse-Patient Relationships

NURSING DIVISION AND ALLIED EDUCATIONAL DEPARTMENTS

Miss Lillian Goodman, R.N., Director of Nurses

I. PERSONNEL

A. Key position changes:

Miss Ann B. Connor, R.N. was appointed to the Chief Hospital Supervisor, Graduate Nurse Position in the Medical and Surgical Service, January 12, 1959.

Mrs. Doris Gallagher resigned from her post as Senior Clerk and Stenographer in the Nursing Office on September 12, 1958.

Mrs. Maureen Conner DeMarco was employed as Senior Clerk and Stenographer in the Nursing Office on October 14, 1958.

B. Total Turnover of Nursing Service Personnel for 1958-1959.

Nursing Service Appointments (includes 19 RN's)	<u>1957-58</u> 222	<u>1958-59</u> 164
Nursing Service Terminations (includes 15 RN's)	198	149

II. EDUCATION:

A. Affiliate Students of Nursing:

During the year 1958-59 a total of 246 students enrolled for the basic course in psychiatric nursing. The enrollment of students according to home schools was as follows: Boston City Hospital 79; St. Elizabeth's 67; Truesdale 31; St. Luke's 34; and Beverly Hospital 35.

The Annual Meeting of the Directors and Faculties of the Home Schools with the Affiliate School Faculty was held in January, 1959 with Mrs. F. Lenehan of the Department of Mental Health present. The contract was revised.

B. Graduate Nurse Division:

Seventeen Graduate Nurse students in the Master of Science program at the Boston University School of Nursing did their field work placement in the I and A buildings.

Miss Grace Scott, RN, a student in the Doctoral Program at Teachers College, Columbia University returned to gather data for her doctoral project, "A Study of Responses of Mentally Ill Patients to Selected Kinds of Music."

Mr. Herbert Bulter, RN, a student in the doctoral program at the Boston University School of Education obtained some data here for his project, "A Study of the Role of the Psychiatric Nurse as Perceived by Nurses, Other Hospital Personnel and Nursing Students."

Ten graduate nurses attended the classes on Disaster Nursing.

Dr. Barton conducted monthly classes in Administrative Psychiatry for the supervisors of all three shifts. We hope this will continue next year, also.

Twelve head nurses were assigned to attend the Psychiatry course given for Occupational Therapy Students by Dr. Mackenzie and Dr. Lemantani.

G. Aide Programs

A total of 71 new employees completed the basic two week orientation course.

Every effort was made to provide the best possible instruction for those employees who obtained their licenses as practical nurses under the waiver in this law. 10 employees were assigned to take a course of in-service instruction on procedures. To date 73 of these people have had clinical supervision in the performance of procedures.

These people were supervised and rated by a R.N. in the performance of selected nursing procedures. A great deal of emphasis was placed on the technique and administration of selected medications.

One employee, Mrs. Lillian Randolph, refused to attend the L.P.N. classes to which she was assigned. She was returned to her original A.N. position.

Review classes were again given to those nursing employees who intended to file to take the examination. (62 attended voluntarily) Mrs. J. Keenan, RN completed the first classes on "Remotivation Technique" with a group of 16 aides.

III. SIGNIFICANT EVENTS:

Ward D9 was opened in March as part of the male geriatric service.

IV. PUBLIC RELATIONS

A. The Nursing Service served as hostesses for many visitors throughout the year.

B. Professional Activities, Director of Nurses

Vice-Chairman - Steering Committee, Interdivisional Council of Psychiatric and Mental Health Nursing.

Member - A.N.A. and N.L.N. - attended state conventions as well as N.L.N. convention in Philadelphia.

Member - Steering and Advisory Committees of the Research Project (N.I.M.H.) - Practical Nurse Preparation for Care of the Mentally Ill.

Member - Technical Advisory Committee surveying The Nursing Needs and Resources in Massachusetts.

Associate Clinical Professor - Boston University School of Nursing.

Speaker - Nursing Institute at Spring Grove State Hospital, Maryland.

Member - Exploratory committee concerned with making recommendations regarding the possibility of establishing a three year R.N. school in state institutions.

V. Major Problems

1. Need for a competitive salary for graduate nurses.
2. Supervision - need more graduate nurses with experience for supervision.
3. Facilities for better clothing control on the wards.
4. Industrial accidents and sickness cause much lost time for which no replacements are available.
5. Maintenance and repair systems need improvements.
6. More secretarial help needed.

VI. GOALS FOR 1960

1. Continued improvement of patient care.
2. Improve clothing system.
3. Continue to strive toward greater individualization and respect for patients.
4. Improved supervision.
5. Improved employee morale and job satisfaction.
6. A workable plan for regular rotation of personnel from one service to another.

HAIRDRESSERS REPORT

Shampoos 9454
Finger waves and Pin curls 8236
Hair cuts 5765
Female shaves 2012
Manicures 1401
Gray Hair rinses 2015
Scalp treatments 237
Permanent waves 210
Press and curl waves, colored patients 749
Facials 461
Bornate treatment 19
Hot oil treatments 30
Eyebrows arched 173

Work done on Wards

Hair cuts 4620
Female shaves 131
Finger waves 16

BUSINESS ADMINISTRATION DIVISION - Avery W. Cook, Steward

Maintenance expenses for 1959 totalled \$5,183,066.82 an average of \$1799.05 per patient.

Transfers were made between the following accounts in order to secure sufficient operating funds: Salaries, Other, Service Non Employees, Housekeeping, Medical, Repairs, Advertising and Office Expenses.

Equipment money was requested and received to purchase 2 automatic washer extractors, 1 tractor and 1 passenger vehicle.

At the end of the year, all accounts were in good control except Services-Non Employees; again the "last minute rush" created larger expenditures than had been anticipated. There will be a deficiency in this account of at least \$4000.00. It is hoped that greater control will be exercised in this account in the future so that expenditures can be more accurately estimated.

The following specials and contracts were worked up on this year and much time has been spent with the architects, engineers and contractors.

1. Remodelling East Cafeteria-project completed.
2. Garage-Completed, except for punch list items.
3. Power Plant Improvement-phase 2-Project proceeding very slowly, but is nearing completion.
4. Plumbing renovations-B Bldg-complete.
5. Power House Improvements-phase 3, preliminary sketches and plans have been made.
6. Heating Improvements-A,B,H. preliminary plans are being made.

7. Gutters-Underway and about half completed.
8. Toilet Renovations, Canteen-Nearing Completion.
9. Remodeling Administration Building-Nearing Completion.
10. Repair Green House-Completed.
11. Landscaping D Building.
12. Change over Elevator D Building-Completed.
13. Telephone Equipment Changes-Started.
14. New Service Building-Kitchen and Dining Room-Preliminary Plans.
15. New Laundry Building: Preliminary Plans.

A supplementary list of equipment for D Building., was approved and specifications were written for these items, nearly all of which have been received.

Eric L. MacNab, Garage Foreman for many years, died suddenly this year. He is missed by all the employees as he was a well liked Department Head. Richard Fournier, formerly Florist, was promoted to fill this vacancy. The improvement made in grounds care for the past several years, will be extended by the new department head.

Additional help is needed in several areas, especially in Dietary, Housekeeping and Maintenance departments. Extra supervisory personnel is also needed with an adjustment of salary to attract qualified people to these positions.

Additional office space is needed for the business and treasurer's offices; corridors and basements are in full use now. Shop space and personnel is needed for a furniture refinishing unit.

The lack of patient help with no corresponding increase in employees continues to be distressing. In years past, mental hospitals could operate with patient labor and a few supervisory employees. That day is gone forever. New able bodied patients leave the hospital before they get assigned to hospital industry. Chronic patient workers are rehabilitated and sent home. The chronic population is made up of the sick, infirm, dependent old folks and the severely regressed few of whom can work in the hospital. Pay for patient workers has been proposed at $12\frac{1}{2}$ cents an hour or \$1 per day. This would provide an incentive for some to help out who could. Few patients will work today without pay. When they are able to work, they get a job in the community and return at night until they are able to leave on their own.

NUTRITION DEPARTMENT - Miss Mary E. Forbes, Dietitian

New Projects:

1. Knives and forks were issued to all feeding areas this year. Considerable effort was put forth by the Head Dining Room Attendant to see that these utensils were issued at every meal to all patients, including those that are tray fed. Older dietary and nursing employees were skeptical that these utensils could be properly handled by all patients. Patients have proven they can, as was known all along.
2. Sugar bowls and salt and pepper shakers have been issued for use on tables to some areas. This program will eventually spread to all areas.
3. Feeding hours in "B" and "H" buildings were changed. No patients in these areas were fed before 12:00 noon and 5:15 in the evening. This also took considerable effort on the part of the Head Dining Room Attendants to enforce.
4. The first floor cafeteria in the East Women's Service was reopened after extensive remodeling with an additional 300 patients eating in this area. It is a great improvement and has removed much of the pressure from the second floor cafeteria.
5. For the first time to my knowledge, I am happy to report that at no time during the year did any area have a dish shortage. This contributes more than anything else to improved service to all patients.

Teaching Programs:

1. Two training sessions were held with the charge attendants in "D" Building. These were held to teach nursing personnel the importance of the dietary program and the necessity for improved serving methods.
2. Monthly orientation talks on food service were given to all new employees.
3. All L.P.N. appointees were given eight hours of instruction in nutrition.
4. "I" Building patients were addressed on two occasions on the advantages of working in the Food Service industry.
5. Several in-service training sessions were held for the Head Dining Room Attendants.

Lectures and discussions included the following topics:

- (a) How to supervise.
- (b) The supervisor's responsibility to the employee.
- (c) Understanding Unions.
- (d) How to handle gripes and grievances.
- (e) Ethics (loyalty, truthfulness, need for job satisfaction)
- (f) Nutrition
- (g) Dietetics

Diet Program:

1. Special nourishment lists were issued to all wards.
2. A pasteurizer was received and installed in "D" building for pasteurizing egg-nogs.
3. The following diets were prescribed, prepared, and served during the year.

<u>DIET</u>	<u>NO. OF PATIENTS</u>
Bland	38
6 Meal Bland	20
Diabetic	102
Diabetic soft	7
High Protein	16
High Protein, High Calorie	69
Low Sodium	161
Low Sodium Soft	25
Low Fat	10
Low Residue	48
Reduction	57
Soft	953
Soft & Liquid	8
1400 Cal. High Protein	1
High Cal. High Protein Med. Fat	1
Low Fat - Low Cholesterol	1
500 Mg.) Low Calcium	3
200 Mg.) Low Calcium	3

<u>DIET</u>	<u>NO. OF PATIENTS</u>
200 Mg. Salt Free	3
High Protein - High Cho. low fat - low sodium	6
High Cho. Low Fat	1
1200 Cal. Low Residue	1
Low Sodium - Low Fat	1
Allergy (fish)	1
3000 Calorie	1
High Protein - High Calorie Low Residue	1
2000 Calorie Diabetic (low fat)	1
1800 Calorie Diabetic Low Sodium	1

Total - 1552

Patient Projects:

1. The evening recreation committee in Reception was very active this year. Evening activities included refreshments for alcoholic anonymous meetings held every Monday night, refreshments on Wednesday night, coffee hour on Friday nights, and refreshments for beano parties, on Saturday nights to include entire building.
2. B7, B8, and I-3 all started weekly morning coffee hours for which refreshments were provided.
3. Picnic lunches were prepared during the summer season for 2140 patients. These included frankforts or hamburgers, bread, mustard, relish, catsup, pickles, potato chips (when available),

dessert and coffee.

4. Refreshments were prepared for parties during the year for 12,670 patients.

Equipment:

1. Coffee makers were installed in "H" building, "B" building, and "G" building. With the exception of "A" building, all patients are now receiving fresh coffee and tea. Needless to say, this has made many patients more contented.

2. New silverware boxes were issued to all areas. These have eliminated the sloppy habit of throwing silver on a tray.

3. H1 and H4 received new electrical food carts.

4. Electric can-openers were issued to the West Kitchen and Diet Kitchen.

5. New aluminum barrels were purchased for the vegetables. These are easier to handle and much more sanitary than the old barrels.

Special Events:

1. The annual Passover dinner was held this year in the first floor East cafeteria. It was a very successful affair and the help of the Community Friends in serving patients was greatly appreciated.

2. The Thanksgiving and Christmas dinner was served this year with the usual success. The donation of candy and cigarettes

at Thanksgiving meant as much to the patients as the dinner itself.

3. Mr. Houde visited the hospital twice during the year and made his routine inspection.

4. The monthly Food Service meetings were held.

5. The bi-monthly supervisor's meetings were held as well as the special meetings with all dietary employees. The program of rotating Head Dra's every 6 months was continued.

6. The laboratory technicians continued their policy of taking cultures of food service equipment and employee's hands. The reports of these have been most helpful in showing how sanitation can be improved.

7. The program of physicals for food handlers continued during the year with most employees having one routine check up.

8. The training program, East, continued. We see the good results from this program every day. Now that the program is operating efficiently, the Head Dining Room Attendants' have seen the need for a more formal education for new employees which would include visual aids, demonstrations and lectures. As a result of their own training, new employees would also find their work more interesting if they knew the "whys and the wherefores". Another assistant dietitian, if appointed, would have this assignment as part of her job.

9. Meals were served for the most part according to the Standard Dietary. There were 3,285,000 meals prepared and served by 128 dietary employees.

Needs:

1. Personnel and equipment needs are listed in the annual budget. We must concentrate on additional personnel so that we can be more selective about the type of patients we allow to serve food.

2. At least 6 temporary positions are needed each summer for vacation replacements. Most of our turnover is in the part time positions and the new employees. This means that each year more of our permanent people are getting three and four weeks vacation. In the kitchen alone are only 2 cooks out of 22 that have had less than 5 years service.

3. Again this July we were faced with payless paydays for 16 people in our department. This certainly destroys employee's morale. The appointing authority should have the right to pay employees properly appointed for work they perform.

LAUNDRY DEPARTMENT - Joseph Contaldo, Head Laundryman

The laundry operated on a seven day week schedule with twenty-five paid employees. One head laundryman, seven male employees and seventeen female employees, with the aid of forty-two patients are employed to operate the plant. One male employee was used in the dry-cleaning unit.

3,879,504 pieces of linen were processed this past year, an increase of 478,843 pieces more than the previous year.

Two Braun units, a combination of washwheel and extractor completely automatic have been added to our department. They produce a better quality of work, less labor, and less destruction. One 48" extractor is being transferred to Monson State Hospital.

Washing formulae being used in washroom were checked by Supervisor of laundry services and were found to have been developed to a satisfactory level.

Plans have been submitted for a new automatic laundry to be housed in a new building. We hope engineers will find a way to locate the laundry in the new group close to the areas where the heaviest users of laundry material are located and to eliminate personnel time lost and also to improve the recruitment of patient workers upon whom the laundry is still dependent for production.

HOSPITAL EQUIPMENT REPAIR DEPARTMENT - John F. Moylen, Head
Industrial Therapist

New Work:

615 New mattresses made
605 New mattresses ticks
595 New pillowcases
543 New hair pillows
18 New feather pillows
243 Pro Tex all mattress covers
976 New window shades
142 New Cushions
429 New laundry bags
31 New no sag bed springs installed
8 New canvas extractor
31 New rubber aprons
1 New canvas cover for auto truck
1 New canvas snow plough curtain
9 New arm and leg splints
1 New awning 76 feet long X 5 feet
1 New canvas tube for power house 10 feet long X 15 feet
57 New traction straps
32 New rubber draw sheets
2 New covers made for heart machine
1 New Adding machine cover
3 New bedside screen curtains
2 New canvas bed restraints
1 New cover for electric fan
9 New laundry bags for linen trucks
42 New pillowcase ticks with zippers
1 New chair slipcover
1 New cushion slipcover
1 New pillowslip cover
1 New stool slipcover
2 New canvas axe cases
19 New seats and backs for wheel chairs
9 New plastic slipper bags
7 New pro tex all pillow covers
22 New covers for chair seats
3 Auto truck seats reupholstered
1 Divan reupholstered
14 Wheel Chair back rests made
1 Canvasbag made for paint pot
2 Canvas tool bags
2 Metal Divans reupholstered
3 Chairs reupholstered

Renovated & Repaired

581 pr. half soles installed on shoes
1153 pair heels installed on shoes
414 pair heel pads installed on shoes
490 pair heel and toe plates installed on shoes
269 pair innersoles installed on shoes
103 pair heel counters installed on shoes
995 pair shoes stitched
611 pair mattresses sterilized
108 bags of clothing sterilized
80 pillows sterilized
61 cushions sterilized
62 wheel chairs repaired
161 metal chairs repaired
127 beds repaired
11 laundry linen bags repaired
1 canvas strap made for oxygen room
75 dining room chairs repaired
6 linen room trucks repaired
22 laundry room trucks recovered and repaired
75 bed cribs repaired
38 bedside tables repaired
168 wooden casters installed on beds
62 window shades repaired
43 cushions repaired
89 window shades fixtures installed
14 cafeteria food trucks repaired
21 arm rests installed on metal chairs
7 expansion rubbers in D Building cemented
4 awnings repaired
5 awnings up and taken down
1 auto truck cover repaired
1 mattress zipper cover repaired
18 roller bed casters installed
29 chair gliders installed on chairs
4 foot stools repaired
50 beds taken apart
3 foot stools repaired and recovered
16 drape rods and fixtures installed
1 rug edges rebound
1 snow plough curtain repaired
1 venetian blind repaired
11 no sag bed springs repaired
1 frame installed on cardiograph machine
16 roller casters removed from beds
1 stage curtain ropes installed
1 picture frame made and hanged
4 laundry hamper repaired
1 baseball catchers mask repaired
1 coffee table repaired
4 roller casters installed on table
13 beds assembled
19 knobs installed on cabinets

4 kitchen dollies repaired
8 bed legs cut down
3 storage cabinets repaired
1 tool bag made for garage
2 shower curtains installed
1 auto back cushion reupholstered
1 barber chair repaired and seat reupholstered
1 ambulance stretcher repaired
1 walker repaired
1 sewing machine repaired
1 barber chair repaired
18 bedside cabinets repaired
1 divan repaired
1 stage curtain repaired
2 bedside screens repaired
1 cabinet door repaired
1 dining room table repaired
4 chair seats reupholstered
12 handles installed on bedside tables
5 curtain rods installed
1 certificate framed
2 banners installed with grommets
48 grommets installed on shower curtains
12 office chairs repaired

HOUSEKEEPING DEPARTMENT - Helen C. Logue, Head Housekeeper

A new patients library was established for the Womens' Continued Treatment Service in a section of the Old East Chapel. New metal shelving was bought by the Women's Auxiliary and assembled by two porters. A new floor was put down. An attractive room for reading is now in use for patients.

The Medical Library moved from the second floor back to the third floor of the Reception Building. The second floor location was not suited to the Library. It was made a five office suite.

H-7 patients were moved to D-9 and the furniture from H-7 was re-painted and new cushions were added and ward given thorough cleaning.

The new Catholic Chapel that was dedicated in November has required a porter for extra duties.

Many man hours were spent in preparing for re-opening. New curtains were hung and the furniture assembled in the East Cafeteria.

The furniture from the West Employees Home was refinished. All the furniture in the "Q" Building was repainted.

New equipment was received and distributed to the following areas:

Three new televisions were put on wards A-2, "I" and Upper "H".

Five new refrigerators were received and sent to the treatment rooms in the "B", "I", "G", "D" and the Admitting Room in the Reception Building.

There were five-hundred and twenty-nine new pairs of drapes made and put throughout the hospital. Also one hundred and forty-three pairs remodeled and put in different areas.

We had one hundred and twenty sets of cushions made at the prison and put into the wards, also quite a few pieces of old furniture reupholstered and distributed throughout the patient building lobbies and employee dormitory rooms.

Routine work was carried on by the Maids and Porters assigned to each ward and employees buildings. In addition to this, much territory is covered by the Special Detail. Over five thousand windows were washed as were miles of walls and corridors. The routine cleaning was done in the Staff Houses, Nurses Quarters and also the Employees Homes.

New Materials Made in the Sewing Room:

Draperies	529
Coffee Bags	185
Laundry Bags	215
Scuffs	1435
Booties	1893
Trousers altered	330
Coats altered	481
Dresses altered	41
Glove Cases	237
Aprons	481
Flags Repaired	59
Sterile Wrappers	240
Bathrobes	317
Bath Towels	2462
Hand Towels	647
Remade Draperies	143
Blankets	76
Barber Aprons	20
Made Over Spreads	116
Bed Pads	261
Heavy Duty Sheets	1410
Lining Cut	67
Slings	94
Pot Holders	120
Blankets Labeled	133
Shoe Covers O.R.	109
Shower Curtains	5
O.R. Stockings	5
Binders O.R.	39
Dish Towels	880
Screen Covers	10
Nets labeled	339
Banners	2

Sewing Room Statistics:

Mending	23,545
Stamping	19,921
Yd. Goods Cut	15,315
Home Production	13,383

We had the usual assignment of cleaning up floods and taking care of other emergencies. At least five more Porters, and about seventeen more Housekeepers are needed so that all the wards could receive the same care that they do in the "D" Building. We believe the "D" Building operation of the Housekeeping Service might well serve as a model to strive to approach in all sections of the hospital.

I would like to see a more complete paint shop with additional personnel for repainting furniture. This would be a big help to us as there is so much furniture to be repainted and it has to be done often.

Staff quarters are also badly needed. In the Administration Building on the third floor there is only one portable shower for the doctors.

Appreciation is expressed to all department heads for the excellent cooperation received this year.

STORES DEPARTMENT - Bernard V. Leonard, Storekeeper

The amounts of the items are given to whole figures to represent the total received and issued during the year by the Stores Department.

Meats	485,000 lbs.
Canned Goods	200,000 cans
Fresh Eggs	69,000 doz.
Frozen Eggs	24,000 lbs.
Coffee	39,800 lbs.
Tea	22,300 lbs.
Tea bags	121,000 ea.
Desserts	26,950 lbs. & gals.
Cereals	763,470 pkgs. & lbs.
Fish	159,150 lbs.
Spaghetti, Macaroni, & Egg Noodles	50,000 lbs.
Jams & Fillings	43,985 lbs.
Peas & Beans	23,800 lbs.
Salad Oil & Extracts	5,000 gals.
Spices & Condiments	7,000 lbs. & gals.
Soup Bases	5,000 lbs.
Pickles	3,000 gals.
Vinegar & Molasses	2,500 gals.
Cheese, Lard & Butter	153,800 lbs.
Vegetable Compound	38,600 lbs.
Vegetables	580,000 lbs.
Dried Fruits	53,800 lbs.
Whipped Topping	5,900 lbs.
Potato Chips	3,600 lbs.
Cocoa & Chocolate	16,500 lbs.
Crackers	18,800 lbs.
Chop Suey, Noodles & Sauce	32,000 lbs. & gals.
Evaporated Milk	18,500 cans.
Salt, Flour & Rice	65,000 lbs.
Bread	403,000 lbs.
Peanut Butter	12,500 lbs.
Olives	690 gals.
Relish	4,500 gals. & cans
Powdered Milk	24,500 lbs.
Dietetic Foods	12,200 cans.
Ice Cream Mix	2,950 gals.
Pancake Mix	9,800 lbs.
Tobacco	11,296 lbs.&pkgs.
Housekeeping & Ward Supplies	3½ million pieces and pounds
Office Supplies & Forms	300,000 pieces
Powerhouse, Elec., Plumbing, etc.	9,000 pieces
Drugs	4 million units
Clothing	50,000 pieces
Occupational Therapy	10,000 pieces

Mr. Cloon of the Department of Public Health made his annual inspection and found the storehouse operation satisfactory.

There has been one Meat Cutter on Industrial Accident Disability for over six months, and because of this I have had to replace him with a Storeroom Helper. This shortage of help interfered with the employees' vacation schedule. A request has been entered for another Meat Cutter to ease this situation.

The comparatively low pay received by storehouse employees is a matter of public concern. For the volume of work handled, the pay scale is too low. This fact has been complained of previously , but it apparently has gone unnoticed; it is hoped that attention will be given to this situation and a more equitable pay rate established.

The auditors found records and stockpiles in good order.

GARAGE AND GROUNDS DEPARTMENT - Richard R. Fournier, Garage Foreman

The hospital fleet of 19 vehicles traveled a total of 138,770 miles consuming 16,273 gallons of gas and 569 quarts of oil during the year.

The vehicles are used mainly on the grounds in the delivery of meals and supplies, laundry, collecting and disposing of rubbish, maintenance of buildings, grounds and utilities. They are used for social service work, police patrol, mail service, recreational trips for patients and other administrative duties. In addition they are used for daily trips to the Department of Mental Health, transferring patients to and from other institutions, returning escaped patients, social service home care and other contact work and administrative travel.

On the grounds in addition to the seasonal work of lawn mowing, hedge trimming, flower bed planting, grounds policing, leave raking and removal, furniture moving, erecting and removing snow fences, snow plowing, shoveling and sanding; deciduous shrub planting was planted at the No. Cottage and Staff House. "D" Building was landscaped and planted. A foundation planting of deciduous shrubs were planted at "S" Building. All lawns East and West were sprayed for weed control. Willow trees were sprayed. Trees and shrubs were sprayed for gypsy moth control. A softball diamond and backstop was constructed behind the "J" Building. Steam lines were excavated and filled in. Catch basins were

cleaned out. All roads East and West were patched by the grounds crew. A storage cage for fertilizer was constructed in the upper coal pocket. Two sections of the greenhouse were reglazed and repointed. New benches were built in the greenhouse.

The garage needs two additional motor truck drivers to work as a full-time bus driver to handle trips to the swimming pool, recreational trips off the grounds such as picnics and ball games, and for transporting patients to and from religious services.

The grounds crew could use three temporary ground handymen for three months during the grass cutting season to relieve some of the load and to help us improve the overall condition of the grounds.

We could also use an attendant supervisor to supervise the attendants on the grounds and to teach and train more patients.

MAINTENANCE DEPARTMENT - David W. Barrett, Maintenance Foreman

7640 Panes of glass installed (1958 9,048)

1807 Pcs. furniture repaired (1958 1,574)

14 New doors built & installed

31 Broken doors repaired

6 New Sash made

29 Sash repaired

51 New wood screens made

61 Wood screens repaired

63 Laundry trucks repaired & rebuilt

10 Frames for pictures, signs etc.

20 Bulletin Boards made & hung

66 Door closers repaired

Roof repairs at A, B. West Employees, M, R, Staff House, Chapel, Laundry.

Painting has been done outside at K cottage, Staff House, West. Emp. Building., I Building, Porches, H Building. fence.

Painting done inside at B Building, Administration Building Cottages, Superintendent House, North Cottage, Staff House, Reception Building, L & M Buildings. Complete East & West Kitchens, G Building, Male Home and Nurses Quarters

ENGINEERING DEPARTMENT - Michael J. Waldron Jr., Chief Engineer

Power Plant Work:

The second phase of State Project M707 which started in March 1958 was continued through this fiscal year. This work involves replacement of existing pumps (boiler feed, make-up and oil pumps) at the power plant. It also involves replacement of 2,300 volt switchboard replacement of 300 K.W. turbine and replacement of cast iron valves with steel valves throughout the power plant. The Columbia Piping Corporation of Boston, Mass. are the general contractors on this project.

The Erie City boiler was acid cleaned by the Dowell Company of Stoneham, Mass. The purpose of cleaning was to remove silicate scale from the steam and water surfaces of boiler.

Plumbing & Steamfittings:

The renovation of one half of the plumbing system was completed at B Building. This was a contractual project and was under the direction of Puleo Company of Boston, Mass.

Removed three hydro tubs, controls and piping to same at hydrotherapy suite in A building. This was the last hydro unit operating.

Installed two bath tubs, controls and piping to same at G Building.

Replaced foot treadles with hand operated valves on "Bradley Washfountains" at H and I Buildings.

Removed grilles and cleaned out debris in convector heating enclosures at second floor of G Building and reinstalled grilles.

Replaced 120 feet of leaky 6" underground steam pipe between lawn at West Kitchen and Garage basement. Also repaired two underground tile drain lines in this area.

Installed piping and valves for water supply for two new combination washers and extractors at Laundry.

Installed a heater and valves and piping for same at East Cafeteria. Heater was installed to increase the hot water supply.

Replaced leaky nipples in some radiator sections at Administration, East Employees Home, East Staff House and S Building. Also replaced some obsolete radiator valves at Reception, Administration, Male Home, West Nurses Home, West Employees Home, H and S Buildings.

Electrical Work:

Made all installations of wires, conduits, switches, etc; necessary to transfer electric service at Superintendent's house and Farm House from hospital's electric service to Edison service. These houses are now supplied by Edison.

Work was done at five pole locations on our 2,300 volt aerial transmission line. The work consisted of the following: a new pole and a new conductor (underground) for service at Reception,

new crossarms and a new conductor (underground) at Lab., a new pole and a new conductor (underground) at B Building, a new pole near West Kitchen and a new pole near J Building. This work was done by Kenworthy-Taylor Company of Everett, Mass.

Installed three 15 K.V.A. transformers with cutouts and wiring in transformer vault at power plant. These were installed to furnish additional electric power to Laundry.

Installed one 200 ampere switch, two 100 ampere switches, 500 feet of No. 4 wire and conduits and connected same to two new combination washers and extractors at Laundry.

Replaced a defective 400 ampere main distribution switch in P Basement. This switch controls all lighting in O, P, Q, R and S Buildings.

Replaced some incandescent lighting fixtures with fluorescent fixtures at Reception, H, East Cafeteria and Superintendent's House.

Other Work & Repairs:

Replaced 30 lengths of old fire hose with new ones in O, P, Q and S Buildings.

Replacement of all hot and cold water piping with copper tubing at Administration Building by James W. Unsworth Company of Belmont, Mass.

FIRES

<u>#</u>	<u>Date</u>	<u>Place</u>	<u>Damage</u>	<u>Cause</u>	<u>Cost</u>
1	Nov. 20	I-4	Mattress	Pt. careless disposal of cigarette	\$25.00
2	Dec. 27	Rec. 3	Mattress	Patient in seclusion set fire to mattress	10.00
3	Dec. 29	Rec. 2	Mattress	Patient in seclusion set fire to mattress	0.00
4	Jan. 7	Outside K	Window frame	Patient tossed cigarette out window	10.00
5	Jan. 28	Rec. 5	Fire behind radiator	Patient started fire in sec. room	0.00
6	Jan. 31	Rec. 5	Fire behind radiator	Patient set fire to paper behind radiator	0.00
7	Feb. 13	I-1	Used clothing	Patient set fire with matches	4.00
8	Feb. 19	Rec.	Motor on circulating pump	Old age	50.00
9	Feb. 19	I-2	Mattress cover	Pt. careless disposal of cigarette	5.00
10	May 27	Rec.	Sheets, clothing used linoleum	Pt. removed screws from sealed metal linen chute and stuffed articles in chute	90.00
11	May 24	Rec. 2	Fireplace	Magazines and other articles fed into fireplace	0.00

Total 11 Fires (1958 - 19)

TREASURER'S DIVISION

Samuel J. Garchidi, Treasurer

The trend to mechanize, as many duties as possible, is being continued in the Treasurer's Office. The payroll machine system achieved a smooth operation of much intensive work. Bond Deduction cards, Escrow, Retirement Fund, Budgetary Control Ledger, Patients Cash Book, Patients' Ledger Cards and the State Cash Book are to be changed to a machine system. Preliminary work is underway. It is hoped the preparatory work of making out new cards and transferring balances can be completed within the months ahead.

Of the shortage of \$850.27 due to the theft of payroll checks last year, all but \$11.14 has been recovered.

Although there were no increases in the number of positions in 1959 over 1958, total payroll expenditures for the 1102 positions amounted to \$3,719,400, an increase of \$86,385 over 1958. Most of this increase was due to the creation of 140 Licensed Practical Nurses positions abolishing either an Attendant Nurse or Charge Attendant Nurse position. The payments due nurses for work on the second or night shift was increased by \$3000. The remainder of the increase was due to step rate increases earned by employees. Overtime expenses decreased by \$2300. Holiday pay also decreased by \$3500 over 1958 costs.

CANTEEN

The hospital operates two canteens with two recreation rooms' caretakers. The time of opening is staggered so that one is open 7 days a week.

The net operating profit was as follows:

Canteen #1 (Canteen - "Employees Club")	\$ <u>2461.11</u>
Canteen #2 (D Building Lobby)	\$ <u>3164.88</u>
Vending Machines (In many buildings)	\$ <u>4218.47</u>
Total net operating profit	\$ <u>9844.46</u>

The profit supports the patients' library, many patients' recreational activities, the sports and game activities, occupational therapy and music programs. Renovation of the hospital radio system was started with canteen funds. Several television sets were purchased from canteen profits as was washing and drying equipment for patients use in ward areas.

Employees also benefit. The Honor Day Ceremony, an annual event is the principal occasion. Last year there was also an employees' party. The Bostho News is a usual expense but it was not published last year as no suitable editor was discovered.

The amount spent for patient activities during fiscal 1959 was \$6,137.34 and for employees' activities \$633.06.

The canteen was broken into and robbed on two occasions 1/29/59 and 6/4/59. The loss sustained was \$58.48 and \$18.04
date date
respectively.

The annual audit of all hospital accounts was made by the State Auditor in November, 1958 to January, 1959. As this is written, the report has not yet been received so no comments concerning that report can be included.

Report of the Catholic Chaplains' Activities - Rev. Father John
P. Lawlor

In the long and distinguished history of the Boston State Hospital of over a century's service to the mentally ill a significant and memorable event took place during the past year. On November 22, 1958 His Eminence, Cardinal Cushing, celebrated a Solemn Pontifical Mass to dedicate a new Catholic Chapel at the Boston State Hospital. Named the Chapel of Our Lady, Health of the Sick this was the first of a series of chapels to be constructed on the grounds of State Institutions in the Archdiocese of Boston. Erected at a cost of \$250,000 the Chapel accommodates five hundred worshippers. It is a beautiful and picturesque edifice - - wholly colonial in its architectural design. The Chapel's white and mahogany pews, the white and gold wood-carved altar with its red damask reredos, the blue walls - - all serve in part to engender devotion and meditation.

The Chapel of Our Lady, Health of the Sick, is open daily. In last year's annual report prior to the opening of the new Chapel it was stated that the new House of God would strengthen and uplift the religious spirit, fervor and morale of the patients and employees. Such has been the reality. The attendance at Chapel Services has increased. An extra Mass on Sunday has been added to facilitate Sunday worship for both patients and employees. However, despite a marked increase in the number of patients attending Church Services on Sunday,

the Catholic Chaplains feel that there is considerable room for improvement. We feel that there should be on the part of the Nursing Service more concern and greater interest given to patients to help them fulfill their spiritual and religious needs. Frequently and constantly, the patients inform us that they could not come to Church on Sunday because of sparse coverage on the wards -- no one to take them -- no effort made to encourage or accompany the patients to Church.

The Catholic Chaplains, feel, too, that a larger bus would be a helpful factor in the transportation of the patients to Church Services on Sunday.

We are in hearty accord with the new stepped-up therapeutic policy of week-end visits on the part of the patients. To be sure, in comparison with previous year, their absence is noted in our Sunday congregation.

In short, it is gratifying to see so many find their way from the distant East Side Buildings and the adjacent Administration Building, patients and employees, student nurses and doctors to the Chapel. There in the House of God do they gain insight, courage, faith, hope and love from the Divine Physician, Himself. It matters not what hour of the day it is from 6 A.M. to 9 P.M. someone is making his or her way to the Chapel.

Number of Catholic patients admitted.....	1220
Number of deaths of Catholic patients.....	198
Number of patients receiving Last Rites.....	350
Number of Confessions heard (Approx.).....	7000
Number of Holy Communions distributed (Approx.)...	8000

The statistics compiled above show an increase of just about 100 more Catholic patients admitted than in last year's report. The death rate in respect to Catholic patients remained just about the same - an increase of 16 deaths for the current report.

I Religious Services:

In comparison with previous reports because of the construction of the new Chapel there have been many modifications and changes. There are three Masses celebrated every Sunday at 6:15 A.M. - 8:30 A.M. 10:30 A.M. On Holydays of Obligation there is an additional Mass celebrated at 12 Noon. During the week-days to give all groups viz. patients, employees, student nurses an opportunity to attend Daily Mass the following schedule is carried out. Mass is celebrated at 12 Noon on Monday and Wednesdays --6:15 A.M. on Tuesday and Thursday -- 9 A.M. on Friday and Saturday.

There are many memorable recollections of our first year in the new Chapel. One recalls the splendid attendance of the faithful during the season of Lent -- the beauty of Chapel Altar at Christmas and Easter adorned in bountiful floral decoration --our May Procession with the patients walking in procession clothed in their colorful gowns and crowns.

Confessions are heard at regular scheduled times. Whenever patients request the Chaplain to hear their confessions during the week, the priest is always available. The new Confessional in the Chapel is utilized constantly by patients and employees.

During the seasons of Lent and Advent every Catholic patient in the Hospital is given the opportunity to go to Confession and, if adjudged capable, to receive Holy Communion. During the past year the Catholic Chaplains introduced the policy of transporting patients of the various buildings to the Chapel on specified days. For example, the male patients from B Building would come on a specified morning. The female patients from Q Building would be transported on another appointed day. In this manner many of the patients visited the Chapel for the first time and they appreciated very much the reception of the Sacraments. It was necessary only in D Building to celebrate Mass outside the Chapel for the spiritual health and welfare of the patients. Once a month on the First Friday Holy Communion is given to the T.B. patients and to patients on the medical-surgical wards.

Other religious services which Catholic parishoners have long cherished and loved were included in the spiritual care of the patients during the past 12 month period, viz., Novena of Grace in honor of St. Francis Xavier, Blessing of Throats on the Feast of St. Blaise, Distribution of Ashes on Ash Wednesday throughout the Hospital Wards, Conducting of the Stations of the Cross on Fridays during Lent and Distribution of Palms on Palm Sunday. In the months of May and June Shrines were set up in honor of Mary, the Mother of God and The Sacred Heart of Jesus. Medals, rosaries, pamphlets, missals and other religious articles are given generously and gladly to the patients.

Realizing the importance of the virtue and practise of hope in the daily lives of the patients we, the Catholic Chaplains, stress and encourage attendance at our weekly Novena Services on Friday morning in honor of Our Lady of Hope.

At any time, day or night, the Catholic Chaplain is always available for spiritual ministrations to the patients. During the past year 350 patients received the Last Rites of the Church. Burial Services with a Requiem High Mass were conducted for about a dozen patients who died without relatives.

II Consultation With Patients:

The Catholic Chaplain makes every effort to visit each new Catholic patient who is admitted to the Hospital. Some 1220 new Catholic patients were admitted to the Hospital during the past year. In respect to the new patient, the Chaplain interviews, listens and counsels. He offers his assistance to the patient and explains the nature and purpose of the Hospital. The Chaplain places the emphasis on confidence and hope in the care and treatment the patient will receive. He attempts to create and engender within the patient trust and faith in the psychiatrist.

In many instances the Chaplain acts as a liaison between the newly admitted patient and the family. While the patient remains in the hospital the Chaplain visits him or her as often as he can. Since we now live on the Hospital grounds adjacent to the Chapel we receive many visiting patients and relatives.

We are always available to the patients and staff. Frequently, discharged patients return to see the Chaplain for consultation and advice.

III Consultation With Relatives: With Employees: With Student Nurses:

The work of the Catholic Chaplain is not restricted to the patients but also includes contact with the relatives of the patients. They are present on the Wards during visiting hours. The relatives feel free to telephone the Chaplain or to call upon him personally. It has been a great source of comfort and consolation to the relatives to be informed about the high rating of the Hospital, the specialists on the Staff and the outstanding care and treatment of the patients.

At the Boston State Hospital there are over a thousand employees, the majority of whom are Catholic in religion. On many and frequent occasions, the employees, be they attendants or secretaries, porters or student nurses, bring their individual problems to the Chaplain for advice and enlightenment.

IV Educational Program:

The Catholic Chaplains take part in the educational program of the Hospital. Upon arrival of the new class of student nurses, an opportunity is given to the Chaplains to clarify and to underline their role in the nursing service to the mentally ill. The necessary attributes of a nurse in a Mental Hospital are delineated. On several occasions the

Chaplains speak at Church meetings of men and women -- informing the groups of the nature and purpose of the Boston State Hospital, the progress in the science of Psychiatry and the compelling need for true knowledge and education about mental illness.

One of the highlights in this program of education has been the visitation of the Deacon Class and other seminarians from St. John's Seminary on a weekly basis every Thursday. Lectures in an informal manner were given by Dr. Mackenzie, Assistant Superintendent of the Hospital. The seminarians appreciated and benefited immeasurably from the lively discussions apropos mental illness. A two-day seminar attended by the entire Deacon Class under the auspices of Dr. Mackenzie provided a still greater knowledge of the science of psychiatry. The seminarians visit the patients on the wards.

V Community Contacts

For the past year, continued interest and activity on the part of the Chaplains have been directed towards sponsoring groups to visit the Hospital.

On a regular monthly basis the following groups have visited the hospital: Marian Visitors of St. Joseph's, Hyde Park and of St. Angela's, Mattapan. Two new groups, the Catholic Daughters of America from Charlestown and Medford visit patients in S and A Buildings every month and conduct parties for them. Groups from St. Andrew's, Forest Hills, Holy Name Parish, West Roxbury,

St. Agatha's Catholic Women's Club of Milton have sponsored special parties several times during the year. A group of men from nearby St. Andrew's Church in Forest Hills come once a month to B Building. Anent their visits, the aforementioned groups donated clothing, magazines, religious articles and refreshments. They visit the same building on their visits and have become well acquainted with many of the patients. Many other Volunteer Groups visit the patients on a periodic basis: groups from Emmanuel College, Catholic Guild for the Blind, and St. Joseph's C.Y.O. Minstrel Show Cast.

From all indications, The Catholic Chaplains' role at the Hospital is well established and clearly defined. We are sincerely grateful to the Superintendent of the Hospital, Dr. Barton, the Hospital Staff and the entire Personnel for their wonderful cooperation and mutual assistance, with the one object in view, the comfort and recovery of the patients. It has made our work pleasant and enabled us to be more effective in carrying out our duties and obligations to the patients of the Boston State Hospital.

REPORT OF THE PROTESTANT CHAPLAIN - Rev. Judson D. Howard

The regular religious services and ministrations were continued throughout the year. There has been an increase in activities for patients due to some growth in the student program and to the addition to the staff of the Reverend Robert D. Richardson, Unitarian Chaplain. He is contributing over half his time a week. The Reverend Bruce B. Noyes continued as Episcopal Chaplain and a parishoner from his church, Mrs. Ruth Miriam has volunteered time for keeping up to date our files. Mrs. Horace Besecker has substituted for her husband in supervising efforts at securing Protestant volunteer interest in our patients through the Boston City Mission Society. It is becoming increasingly apparent that the addition of a paid chaplain in charge of religious education would greatly help our Protestant patients. The Chaplain has continued as a member of the Board of Governors of the Institute of Pastoral Care and its Training Committee, of the Department of Pastoral Services of the National Council of Churches, of the National Advisory Committee on Clinical Pastoral Education and its Convener of the Northeast Region.

	<u>Chaplain</u>	<u>Associate Chaplains</u>	<u>Assistant Chaplain</u>	<u>Student Chaplains</u>
<u>Services</u>				
Sundays	102-5016	2-142		
Communions	215			
Holy Days	12-446	4-115		
Communions	226	100		
Weekly Chapel	25-856	89-1759		
Communions		96		
Private Communions		9		
Hymn Singing, etc.	88-2246	40-446		
Choir Rehearsals	6-72	20-139		
Funerals	1-75	8-80	12-100	
Primary & Religious				
Education Groups				209-2357
Student Chapel	99-2010 (conducted by all Chaplains)			

Totals: Services, Meetings, Classes - 717 Attendance - 15,859
Communions - 644

Pastoral

New admissions	348	244	35	
Danger List calls	43	4	30	
Patient Interviews	72	57	60	1444
Patient Contacts	2017	875	250	5376
Personnel Contacts	1045	486	125	500
Clergy	72	40		10
Denominational Executives	4	4		
Family and friends	9	9		
Volunteers	15			
Chaplains' Staff	31-147			

Teaching

Student seminars	213	56	188	
Student interviews	89		150	
Clinical training staff	29-146			
Hospital talks	4-125			
Talks outside hospital	5-420			
Research seminars	12-36			

Hospital Activities

Ward and Staff Conferences	4			
Patient activities	4-1000			
Employees	1-200			

Professional Meetings 16

The Rev. Robert D. Richardson has been added to the staff as Associate Protestant Chaplain. Although he receives some remuneration as the Unitarian Chaplain from his denomination, the major part of his time he contributes to the hospital. He serves on the East Service and Upper H. Associate Chaplain Bruce B. Noyes continues as Episcopal Chaplain and serves on the Geriatric Service. Assistant Chaplain E. Larry Beggs served on the Medical-Surgical Service until the end of May; the Rev. Cecil Paul is now in that position. Assistant Professor Homer L. Jernigen and Teaching Fellow William Ramsden and Jack Shepard participated in the winter and summer training programs; the Rev. Emil M. Hartl, Chaplain Kenneth Reed (Methodist Hospital, Indianapolis) and the Rev. Richard Donnenwirth also assisted in the summer program.

All this help has made for a more effective program for the Protestant patients. Through the volunteer help of Mrs. Ruth Miriam from the Church of the Epiphany in Dorchester, we not only have an up to date file on all Protestant patients, but we also have loose leaf notebooks with personal record sheets for each patient for all the Protestant Chaplains and services. Pastoral services (chaplains, assistants and students) have had as their major focus the large chronic population; gradually we are getting to the place where the patients are becoming individuals to us. The student program is very effective in helping us to give individual attention to the patients. It is hoped that in the next year more time may be spent, not only with the new patients but also with the personnel who minister to them.

We are very grateful for the help of the hospital staff in their work with our students and especially to the following - Dr. Barton, Dr. Mackenzie, Dr. Devine, Dr. Boutin, Dr. Kludt, Dr. Nicholi, and Dr. St. John.

As we get to know the patients better, it becomes apparent that many have had very little religious instruction. Although there has been a religious education group on Upper H for over a year and although there are various other religious group activities going on, it is evident that much more needs to be done and much more supervision given by a chaplain trained in religious education. It is our conviction that the spiritual growth of our patients is a vital part of their developing individuation. The adding of a paid chaplain in charge of religious education would make possible the setting up of such a program; the religious education department of the Boston University School of Theology could be asked to support and amplify it. To our knowledge, this would be a new departure in mental hospital care.

Research has continued to be a concern of our department. Meetings have been held during the year centering around the

- (a) evolving of a statement of the religious basis for work with groups, and
- (b) details of a research program.

An application has been made to the Lilly Foundation although the outcome is as yet uncertain.

Chaplain Howard has continued to participate in the following professional activities: Board of Governors of the Institute of Pastoral Care and its Training Committee; Department of Pastoral Services, National Council of Churches; National Conference on Clinical Pastoral Education and Convener of its Northeast Regional Conference; Supervisors' Conferences of Institute of Pastoral Care; Pastoral Services Committee, Boston Council of Churches. The chaplains have also actively participated in the Massachusetts Protestant Chaplains' Association and the New England Regional Section of the Association of Mental Hospital Chaplains. They have also talked to various church and clerical groups about the work of the hospital.

Interpersonal Relations, I & II
1958-59, Mondays 8:30 - 4:30

B. U. School of Theology
Assistant Professor Howard

1. Student-Patient Relationship (9-10;1-2;2-2;50)

Weekly interview with an assigned patient, a minimum of eight verbatim interviews in duplicate each semester to be submitted for the supervising chaplain's evaluation (see prescribed form). A pastoral life history study to be written each semester as a summary of patient's problem and as an evaluation of the relationship which developed.

Weekly group conferences with the supervising chaplain (one of the following): Judson D. Howard, William E. Ramsen, John J. Shepard) for evaluating the student-patient relationship.

Weekly group conference with senior psychiatrist of the service (either Dr. Boutin or Dr. Sorrentino) for evaluating the student-patient relationship.

2. Interpersonal Group Seminar (3-4:30)

The purpose of this seminar is to study the group process and relationships within the student group. Chaplain Howard will lead one group with Chaplain Larry Beggs as assistant leader. Teaching Fellow Ramsden will lead the other group with Teaching Fellow Shepard assisting.

3. Theory Seminar in Interpersonal Relations (11-12)

The work of significant theorists or schools relevant to the interpersonal point of view is presented by the students (single or in pairs), stressing basic concepts and relating them to the pastor's work.

4. Theory Seminar in the Development of Personality (10-11)

Dr. John Mackenzie, Assistant Superintendent, will lecture on the development of personality from the psychoanalytic point of view, as well as on diagnostic nomenclature.

5. Chapel (8:30-8:45)

Each class session begins with a chapel service in the "B" Building Chapel. Responsibility for conducting worship is rotated among the instructors and the students.

6. Reading

An introductory knowledge of the principles of pastoral care is assumed (cf. Wise, PC; Johnson, PPC; Hiltner, PC; Rogers, CP) as well as basic courses in psychology and sociology. The text for the course is Ruesch and Bateson, Communication, the Social Matrix of Psychiatry.

7. Final Reports

A written evaluation of the course and personal growth.

A statement of reading completed, including the text.

A brief report to the administrative doctor on your patient.

The eleventh annual program of clinical pastoral training at Boston State Hospital began on Monday, June 1, 1959, for a twelve week period. The program was sponsored by the Institute of Pastoral Care and the Boston University School of Theology, and was under the direction of the Protestant Chaplain, Judson D. Howard. Assisting in the program are:

Donnenwirth, Richard	Methodist	Mass.	PhD. Candidate, B. U. School of Theology
Hartl, Emil	Methodist	Mass.	Director, Haydn Goodwill Inn
Reed, Kenneth	Methodist	Indiana	Chaplain, Methodist (Indianapolis) Hospital
Shepard, Jack	Methodist	N. H.	STM Candidate, B. U. School of Theology

Professor Homer L. Jernigen of the Boston University School of Theology will lecture six weeks on pastoral care. William Ramsden, a doctoral candidate at Boston University will assist in group research work. Thirty-two were enrolled as students.

JEWISH CHAPLAIN - Rabbi Abraham Koolyk

The Jewish Chaplain, ministering to some three hundred Jewish patients at the Hospital maintained his program of activities during the year and in several areas broadened that program. The Chaplain performs his services on a part-time basis, making four - five visits to the Hospital per week. The basic areas of work are Religious Services and Holiday Observances, personal counselling of patients, liason with families of patients and community relations. The work frequently extends beyond specifically religious services since the Jewish patient is also part of a socio-cultural group.

I. Religious Services and Holiday Observances :

The main worship service for the Jewish patients is the pre-Sabbath Services held every Friday afternoon of the year in Reception Auditorium (or on hot summer days on the lawn between Reception and Administration Buildings). The attendance consists of 80-100 patients about evenly divided between men and women. Most of the women patients are transported by bus from East. Most of the men patients are from I and J Buildings.

The Services consist of Hebrew and English prayers, a brief sermon and hymns. A special effort has been made to constitute the patient group into a regular congregation with members, ushers, assistants, etc. Several patients have been encouraged to conduct certain portions of the prayers and lead in singing. Every Worship Service is followed by the serving of refreshments in honor of the holy day. These are brought by volunteer organizations; usually the Community Friends of the Boston State Hospital.

The various festivals of the Jewish calendar were marked with special Services and appropriate celebrations. An extra effort was made at these times to increase the attendance through notices in the Hospital bulletins or personal notes to all patients. At Holiday Services the prayers were chanted by a cantor and on several occasions a choir assisted.

The Holiday of Chanukah was celebrated December 10 with an evening program of music, dance and refreshments. About two hundred patients attended the affair. Gifts were distributed to all patients by the Community Friends. The Festival of Purim was observed on March 25 with a program of professional entertainment and dancing. "Surprise bags" were given to all who attended.

On April 27 the Festival of Passover was celebrated with the traditional Feast. A Kosher-catered full course dinner was served in East Cafeteria to over one hundred and fifty patients and several guests. A cantor assisted the chaplain in conducting the Feast Ritual.

II. Counselling of Patients:

The main activity of the Chaplain is personal meeting with patients. This is achieved mainly on visits to the various wards and extending greetings to the patients. Frequently, too, the patient made the approach through leaving a message for the Chaplain. On occasion, too, a request for the Chaplain has been initiated by a staff member.

The Nursing Office has been most cooperative in informing the Chaplain weekly of the admission of new patients. A special effort has been made by the Chaplain to make contact with the new patients soon after admission. The Chaplain also has been informed promptly of patients placed on D.L. or who have expired. Three patients were accorded charity burials in keeping with Jewish Law through the assistance of the Associated Jewish Philanthropies of Boston.

III. Contact With Families:

The Chaplain has been frequently contacted by families of patients with their specific problems. It was often necessary to assure families of the proper care being given to the patient and acquaint them with the nature of Hospital routine. In several instances the Chaplain helped families transfer patients to the Home for Jewish Aged and other places. On occasion, too, the Chaplain contacted family upon the request of patients regarding visiting, personal needs, etc.

IV. Community Relations:

The organization of volunteers founded by the Chaplain; the Community Friends of the Boston State Hospital has been of great assistance to the Chaplain in his work. They have served collations after all Religious Services and have helped on all special events. They have also become now a potent force in the community. Over five hundred women now belong and carry the story of mental health and hospitalization to many other Jewish organizations and the community at large. The Chaplain has also accepted several invitations to speak about his work in the Hospital at group meetings.

THE WOMEN' AUXILIARY - Mrs. Joan K. Stratton, President

The Women's Auxiliary of the Boston State Hospital established over a decade ago, is a functioning, self-supporting organization whose primary objective is help - visibly and intangibly.

The group is made up of staff wives and interested members of the community.

Financial independence is possible by means of annual dues (\$2.00), donations, but mainly from fund raising activities. The past two years the activity has been a card party. Other years have seen a fashion show, a movie, cake sales, etc.

This money makes it possible for us to help justify our existence. We have outfitted patients' ward laundries, donated money for the purpose of building library shelving in the patients' new East Chapel library; provided a stocked gift cart for patients (this year on the T.B. service); redecorated the Nurses' Home lounge; supplied engraved medals for outstanding student nurses in each group; donated small checks as awards for outstanding attendants at Honor Day; made possible several revolving patient loan funds for carfare and lunch money when patients are seeking employment; given small gifts at Christmas and Easter for Home Care patients; donated athletic equipment, playing cards, television sets and radios, phonograph and records for the O.T. Department; donated day halls in G, N and B Buildings, music and receiving rooms in Reception; and provided money for newspaper and magazine subscriptions.

Not quite as tangibly, the group strives to help patients directly. The annual Easter Hat and Style Show is eagerly waited. Patients are selected and trained as models. Clothing and suitable accessories are provided for the models. Thousands of hats are processed and redecorated and at the close of the show each female patient is aided in selecting a hat of her own. Musical accompaniment, flowers and refreshments are provided. This tremendous undertaking (about 1,000 patients) is all done by the women of the Auxiliary with help from all hospital departments, and generous merchants and friends in the community.

The past year we ended a long precedent of giving a Christmas party for a selected ward. This year we aided the Public Relations department of the hospital in acting as hostesses at the many parties given by other voluntary groups. We extended greetings and presented achievement diplomas to the various groups, and of course, expressed sincere thanks for their interest.

The Women's Auxiliary has a potentiality of service that knows no bounds. It does not lack sincere interest or desire to help. It lacks only sufficient workers and new, fresh ideas.

THE COMMUNITY FRIENDS OF THE BOSTON STATE HOSPITAL -President,
Mrs. Joseph Goldstein. Secretary, Mrs. Gladys Plovnick

Since the organization was founded for the purpose of giving comfort and extending friendliness to the patients at the Boston State Hospital, this group has tried, to continue doing this.

We were born about 7 years ago and our membership has grown from a mere handful to a fairly large number, all with the same purpose in mind. We are ever grateful to the Superintendent, the staff and the personnel for permitting us to function as we do.

1. We conduct as many ward visits as possible trying to visit as many different wards as we can. Food is always brought.
2. ^YOneg Shabbats is conducted weekly in conjunction with the officiating Rabbi.
3. Patients are helped to observe all Jewish holidays, i.e. a party at Chanukah, Purim, Seder, at Passover. The hospital personnel aids the group outstandingly at these affairs.
4. Two annual picnics were held - in July and August.
5. The group tries to present essential gifts to the hospital for the welfare of the patients, i.e. 1957, donated a furnished room in I Building as a Television Lounge.
6. Clothing drives are conducted among members and this is distributed throughout the entire hospital.
Since friendliness and food are very necessary toward the recovery of patients, this group tries to give both; sweets, fruit, etc.

The Community Friends hopes this year to improve upon things that have been done - not to do less, but more.

They have a large project in mind, intending to furnish a building on the West Side which has been used as a therapy center, where the Employees' Canteen formerly was. It is hoped to set this up as a Library, Lounge, Recreation Center for ambulatory patients under supervision. It is hoped with the help and jurisdiction of the hospital to make this an outstanding and inviting center.

BOSTON STATE HOSPITAL LEAGUE

Mr. Joseph Oppenheim -
President

Known primarily for their carnival fund raising activities, the Boston State Hospital League will turn about slightly this September when they hold an old fashioned outdoor picnic for some patients and their relatives. If the League has better than usual luck with the rain, the picnic will be a gala affair, with plenty of food and small prizes for the patients. The date set is September 27th.

The League, a non-secretarian organization, remains one of the largest volunteer groups at this hospital. It was founded in 1955 at a meeting attended by 75 friends of the mentally ill, including Cardinal Richard J. Cushing, Jack R. Ewalt, M. D., former Commissioner of Mental Health and Walter E. Barton, M. D., Superintendent of Boston State Hospital.

On the first anniversary of its founding, twenty thousand persons attended the "Monte Carlo Carnival", which the League sponsored. The proceeds from that event went into building the Outdoor Recreation Area and Bandstand. This play area makes possible all sorts of outdoor recreational activities, including tennis, basketball, volley ball, shuffle board, roller skating and group games, as well as dancing and concerts in the open air.

Three years after the first success a "Festival of Fun" was staged in which \$11,000 was raised, despite being rained out on the final Sunday. In fact, rain and League carnivals seem to go together. At this year's four day carnival, held from June 11th to 14th, one fair day and night were all that could be managed

before a torrential downpour and an unseasonal cold of 48 degrees proved more than a match for the valiant efforts of the many volunteers who had spent weeks in planning and labor to make it a success. Even so, 5,000 people were able to attend and a profit of approximately \$3,000 was made.

The publicity campaign for the carnival was well planned and timely, and reached many people through newspapers, TV and radio coverage. All of the patients who could do so, enjoyed the rides and free refreshments provided them by the League and the carnival company.

Mr. Joseph Oppenheim, retiring president of the League developed several projects now about to become visible. Planning has been completed and some contracts let. A top flight interior decorator was engaged to demonstrate how attractive patient day halls and building lobbies could potentially become. Selected for this demonstration will be Pl, Hl, Ll and the East Women's Continued Treatment Service Headquarters Lobby. It is hoped that these will give inspiration to improve other areas of the hospital.

Another project, will take shape in the Fall. Landscape gardeners will demonstrate in a picnic area behind E, F, and K Buildings at Walkhill Street how the hospital grounds can be made more attractive. Again it is intended to provide a model for further grounds development.

Band instruments to form a nucleus of a patient band will also be purchased.

Before turning over the presidency of the League to Mr. Ray Zingorelli, Mr. Oppenheim expressed the wish that the organization

would make a drive for members of a broader representation of community interest. To achieve this he proposed the League employ a full time organizer for a limited period.

The League has set its sights on a major facility that would require a mighty fund raising effort. The purchase of a Half-Way House, where patients who have left the hospital can live together in a supportive group. Vermont has four Half-Way houses for former patients illustrating how such a facility can make it possible for some chronic patients to gain confidence to remain outside when other methods have failed. Without a family, it may be a giant step to leave the security of the hospital and live alone. The Half-Way House lets the patients who have worked in town while still living at the hospital at night, live with a group he knows understand, while he learns to live in the community again. If the League succeeds in raising the money for this project, many patients will have a chance that they do not now have. We hope they succeed.

DORCHESTER CHILD GUIDANCE ASSOCIATION President, Timothy F.P. Lyons M.D.

In December of 1956, active work was begun by the staff members of the Boston State Hospital in cooperation with the Department of Mental Health, to organize, within the Dorchester area, a citizens' group who would sponsor a child guidance service.

A survey made earlier revealed the need for a community service that would be readily available to teachers, neighborhood houses, probation officers, and social agencies for consultation about children with emotional and psychological problems or overt behavior disturbances. It became apparent, as the study progressed, that another clinic giving prolonged intensive treatment was not the primary need. Such clinics quickly become clogged with cases waiting for therapy. The need was clearly for a consultation service that could advise as to treatment requirements and then help existing community resources do the job.

Letters were written to all churches, social and service groups. Mr. Eli M. Levatinsky, former Chairman of the Board of Trustees of the Boston State Hospital and a half dozen faithful associates struggled to secure a representative executive group without success. Mr. Arthur Hallock of the Division of Mental Hygiene assigned Dr. Carola Blume of his department to meet with the group and to seek out the community leaders in Dorchester and make personal calls upon them. Hundreds of contacts were made by Dr. Blume. The leading citizens were found. Mr.

Levatinsky appointed a Planning Committee. Under the leadership of Rev. T. Jerome Hayden, this group did a splendid job which culminated on May 4th, 1959 - after 3½ years of continuous effort, in the adoption of a constitution and by-laws and a slate of officers with a Board of Directors consisting of 39 community leaders. The elected officers are:

President - Timothy F. P. Lyons, M.D.

1st Vice President - Anthony Farin

2nd Vice President - Louis Showstack

3rd Vice President - Mrs. Francis Dobrowski

Treasurer - John Brosnahan

Secretary - Mary Gray

The group is now ready to accept administrative responsibility for Child Guidance Consultation operation of a clinic. Under the Department of Mental Health plan funds for the clinic team are to be provided by the State and the clinic operating expenses by the association. As the Legislature did not appropriate funds to carry out the State's part of the bargain, the Association awaits such action to begin operations.

DISTINGUISHED VISITORS

<u>Date</u>	<u>Name</u>	<u>Address</u>
<u>1958</u>		
Oct. 28	Mr. Ernest A. Johnson Mr. D. Joseph Burke Jack Ewalt, M.D., Com.	House Ways & Means Committee House Ways & Means Committee Dept. Mental Health, Boston
Nov. 18	Mr. Ralph Gerard Harold R. Hennessy, M.D.	Ann Arbor, Michigan American College of Surgeons, 40 E. Erie St., Chicago, Ill.
Dec. 12	Jay R. Jaffee, M.D.	Northern State Hospital, Sedro Woolley, Washington
<u>1959</u>		
Mar. 31	James Johnson, M.D. Mr. Kemper	Atlanta, Georgia Director of Georgia Dept. of Mental Health
Apr. 6-20	William H. Grey, M.D.	Williamsburg State Hospital, Virginia
Apr. 10-14	Alan B. Munroe, M.D.	Long Grove Hospital, Epsom, Surrey, England Hon. Gen. Sec., Royal Medico Psychological Society of England.
May 4-29	Mrs. Irene Ainley) Miss Marjorie LeCain)	University of Saskatchewan Nursing School, Regina, Saskatchewan, Canada
May 7	Francis Murray, M.D.) Frank W. Mount, M.D.) E. Ruth Breitweiser, M.D.)	National Institute of Health, U.S.P.H.S., Washington, D.C.